CONGRESS
Session

SENATE

DOCUMENT
No. 120

LAWS CONTROLLING ILLICIT NARCOTICS TRAFFIC

SUMMARY

OF

FEDERAL LEGISLATION, STATUTES, EXECUTIVE ORDERS, REGULATIONS, AND AGENCIES FOR CONTROL OF THE ILLICIT NARCOTICS TRAFFIC IN THE UNITED STATES, INCLUDING INTERNATIONAL, STATE, AND CERTAIN MUNICIPAL REGULATIONS

(Through 1st Session, 84th Congress)

PRESENTED BY MR. DANIEL

84TH CONGRESS, 2d Session } SENATE { DOCUMENT No. 120

LAWS CONTROLLING ILLICIT NARCOTICS TRAFFIC

SUMMARY

OF

FEDERAL LEGISLATION, STATUTES, EXECUTIVE ORDERS, REGULATIONS, AND AGENCIES FOR CONTROL OF THE ILLICIT NARCOTICS TRAFFIC IN THE UNITED STATES, INCLUDING INTERNATIONAL, STATE, AND CERTAIN MUNICIPAL REGULATIONS

(Through 1st Session, 84th Congress)

PRESENTED BY MR. DANIEL

UNITED STATES
GOVERNMENT PRINTING OFFICE
72280 WASHINGTON : 1956

COMMITTEE ON THE JUDICIARY

JAMES O. EASTLAND, Mississippi, *Chairman*

ESTES KEFAUVER, Tennessee
OLIN D. JOHNSTON, South Carolina
THOMAS C. HENNINGS, JR., Missouri
JOHN L. McCLELLAN, Arkansas
PRICE DANIEL, Texas
JOSEPH C. O'MAHONEY, Wyoming
MATTHEW M. NEELY, West Virginia
ALEXANDER WILEY, Wisconsin
WILLIAM LANGER, North Dakota
WILLIAM E. JENNER, Indiana
ARTHUR V. WATKINS, Utah
EVERETT McKINLEY DIRKSEN, Illinois
HERMAN WELKER, Idaho
JOHN MARSHALL BUTLER, Maryland

SUBCOMMITTEE ON IMPROVEMENTS IN THE FEDERAL CRIMINAL CODE

PRICE DANIEL, Texas, *Chairman*

JOSEPH C. O'MAHONEY, Wyoming
JAMES O. EASTLAND, Mississippi
HERMAN WELKER, Idaho
JOHN MARSHALL BUTLER, Maryland

C. AUBREY GASQUE, *General Counsel*

SENATE RESOLUTION 259

IN THE SENATE OF THE UNITED STATES,
May 21 (legislative day, May 7), 1956.

Resolved, That the pamphlet entitled "Laws Controlling Illicit Narcotics Traffic," prepared by the Subcommittee on Improvements in the Federal Criminal Code for the use of the Committee on the Judiciary, be printed as a Senate document; and that there be printed five thousand additional copies of such Senate document for the use of the Committee on the Judiciary.

Attest:

FELTON M. JOHNSTON, *Secretary.*

CONTENTS

LETTER OF TRANSMITTAL

May 7, 1956.

To the President of the Senate.

Dear Mr. President: I am transmitting herewith, on behalf of the Committee on the Judiciary, a summary of the laws controlling the illicit narcotics traffic in the United States.

The document is divided into eight parts. Part I is a summary history of Federal legislation, beginning with the act of February 23, 1887 (24 Stat. 409c 210), which prohibited the importation of opium into the United States by Chinese, and concluding with the most recent enactment, the act of June 27, 1952 (66 Stat. 206 sec. 241 (a) (11)), revising the Immigration and Naturalization Act to provide for the deportation of an alien who is, or at any time after entry has been, a narcotic drug addict, or who at any time has been convicted of violating any narcotic laws.

Part II is a summary of narcotic laws and regulations in effect at the present time. It brings together the basic Federal laws regulating the traffic in narcotics; that is, the Narcotic Drugs Import and Export Act, the Harrison Antinarcotic Act, the Marihuana Tax Act of 1937, and the Opium Poppy Control Act of 1942. In addition, it summarizes the provisions relating to the rehabilitation of narcotic-drug addicts contained in the Public Health Service Act, the provisions relating to the deportation of narcotic-law violators in the Immigration and Nationality Act of 1952, and numerous provisions in the internal revenue and customs law and in other special enactments.

Part III is an outline summary of the various Federal enforcement agencies, including an account of their responsibilities and jurisdiction, in the Federal effort to combat the narcotics menace in our country.

Part IV briefly sets forth the provisions of the Uniform Narcotic Drug Act, as amended, and the various State modifications of this act. State laws relating to treatment of addiction are dealt with separately in part V.

The development of international narcotics control is summarized in part VI.

Part VII is a summary of narcotic bills pending in the 1st session of the 84th Congress.

Part VIII is a summary of the general recommendations made by the Subcommittee on Improvements in the Federal Criminal Code, 84th Congress, 2d session.

The basic material contained in parts I, II, and III was prepared for the subcommittee by Mrs. Mollie Z. Margolin, an attorney in the American Law Division of the Legislative Reference Service of the Library of Congress. The President's Interdepartmental Committee on Narcotics made available unpublished data from its files on State laws pertaining to the treatment of addicts. This data, together

with authoritative statements presented during our hearings, provide the basis for the remainder of the report which was prepared by Mrs. Margery Clark, research analyst, under the direction of Mr. C. Aubrey Gasque, general counsel of the Subcommittee on Improvements in the Federal Criminal Code of the Committee on the Judiciary.

PRICE DANIEL,
Chairman, Subcommittee on Improvements in the Federal Criminal Code.

LAWS CONTROLLING ILLICIT NARCOTICS TRAFFIC

PART I

SUMMARY HISTORY OF FEDERAL LEGISLATION

Early Efforts at Federal Control

Federal attempts to control the traffic in narcotics date as far back as 1870, when a duty of $1 per pound was placed upon the importation of raw opium, and $6 per pound on smoking opium.

OPIUM TRAFFIC IN CHINA

In order to provide for the execution of a treaty concluded on November 17, 1880, between the United States and China, Congress enacted the act of February 23, 1887 (24 Stat. 409, ch. 210), which prohibited the importation of opium into the United States by Chinese, and which made it a misdemeanor for United States citizens to traffic in opium in China. It provided for seizure of such opium by the United States for the benefit of China, and gave consular courts in China jurisdiction to enforce such forfeitures. This act was amended by the act of June 25, 1948 (62 Stat. 986), which omitted the provision as to jurisdiction of the consular courts in China, and as so amended, the act is still in force today.

REGULATION OF OPIUM TRADE IN UNITED STATES

The Tariff Act of 1890 (26 Stat. 620, secs. 36–38) levied an internal revenue tax of $10 per pound on opium manufactured in the United States for smoking purposes and limited such manufacture to citizens of the United States. Regulation of opium factories by the Commissioner of Internal Revenue and furnishing of a minimum bond of $5,000 by manufacturers was provided for. Stamps were hereafter required on smoking opium which was imported and on all opium manufactured in the United States. A tax of $12 per pound was levied upon importers of opium prepared for smoking (p. 568, par. 48).

EMBARGO ON CERTAIN PACIFIC ISLAND TRADE

On February 14, 1902 (32 Stat. 33, ch. 18), Congress made it a punishable offense to give, sell, or otherwise supply opium other than for medicinal purposes to an aboriginal native of any Pacific island lying between the 20° north and 40° south latitude, and between 120° east and 120° west longitude, provided such island is not in the possession of any civilized power. Provision was made for confiscation of the opium concerned and for considering the offense to have been committed on a United States vessel on the high seas.

This provision was made part of the criminal code by the act of March 4, 1909 (35 Stat. 1148, secs. 308, 309), was reenacted in the recodification of the criminal code made by act of June 25, 1948 (62 Stat. 748, sec. 969) and is still in effect today.

UNITED STATES INITIATES INTERNATIONAL MOVEMENT

In 1904, the United States Government initiated an international movement for the suppression of the opium traffic in an attempt to bring about an end to the deplorable habit of opium smoking which had taken a deep hold in the Philippine Islands and was widespread throughout the Far East, especially in China. Due to the efforts of the United States, an assemblage of the International Opium Commission was arranged at Shanghai, to take place on February 1, 1909, and to be composed of representatives of the United States, China, France, Germany, Great Britain, Holland, Italy, Japan, Korea, Persia, Portugal, Russia and Siam.

Upon appointment of the American Opium Commission under authority of the act of May 27, 1908 (35 Stat. 380), it became evident that the United States, in calling upon the other nations of the world to join with it in the suppression of this traffic, had itself been permitting the importation of opium prepared for smoking. It was recognized that it would not be possible for the American delegates to the International Commission to press for suppression of the Far Eastern opium traffic so long as the United States was a party to that traffic. To remedy this, Congress passed the act of February 9, 1909, and it was approved in time to permit the American delegates to the International Opium Commission to take a strong stand at the convention (H. Rept. 24, 63d Cong.).

OPIUM EXCLUSION ACT OF 1909

The act of February 9, 1909 (35 Stat. 614, ch. 100), known as the Opium Exclusion Act, prohibited the importation of opium into the United States, except for medicinal purposes, and became effective on April 1, 1909. The importers and holders of opium which was prepared for smoking, upon learning that this act would shortly be passed, not only reserved large stocks of this form of opium which they had on hand, but made a heavy speculative importation while it was still legal to do so. The amount of this opium in the country on April 1, 1909, was estimated to be a million and a half pounds. Since this opium was legally imported, the containers were duly stamped by customs. When the act became effective, there was a consequent rise in the value of smoking opium with the result that immense quantities were smuggled into the country, chiefly through Pacific ports and over the Mexican border. The conviction of the smugglers was rendered difficult because the holders of the legally imported opium ingeniously removed the customs stamps from the containers, refilled the containers with smuggled opium. replaced the stamps, and put the smuggled opium openly on the market. This defeated the purpose of the act.

TRANSSHIPMENT PROBLEM

Furthermore, at that time, the Attorney General declared that opium imported for immediate exportation was not considered

"imports" (hearings before House Committee on Ways and Means, 61st Cong., 3d sess., December 14, 1910, pp. 40–43). Thus, large quantities of opium continued to arrive at Pacific ports, especially at San Francisco, where they were immediately transshipped to vessels bound for Mexican ports, from which most of said opium was smuggled back into the United States (H. Rept. 24, 63d Cong.).

NARCOTIC DRUGS IMPORT AND EXPORT ACT

The Act of January 17, 1914 (38 Stat. 275–277), known as the Narcotic Drugs Import and Export Act, was enacted in order to correct this situation. It prohibited the import, export, and transshipment of opium other than for medicinal purposes. The possession of opium would raise the presumption that it was imported after April 1, 1909. As to other drugs within the scope of the International Opium Convention which we signed at The Hague on January 23, 1912 (38 Stat. 1912), the act requires that the exportation of opium, cocaine, and their derivatives, other than smoking opium, be in accordance with the laws of the importing country. Exportation of smoking opium was prohibited.

DOMESTIC POPPY CULTIVATION

Although this act made it illegal to import crude opium into the United States and so cut down the manufacture of smoking opium, it was still possible to cultivate the poppy in several of the States, particularly those on the Pacific slope, to produce opium therefrom, and under the Tariff Act of October 1, 1890, supra, to secure a license and manufacture such domestically produced opium into smoking opium for local consumption and interstate traffic. Owing to the high price which smoking opium was at this time commanding as the result of its legal exclusion from the United States by the act of February 9, 1909, supra, it was feared that this would be done, and would serve as a defeat of the chief object of said act of February 9, 1909 (H. Rept. 22, 63d Cong.).

TAX ON DOMESTIC OPIUM MANUFACTURE

The act of January 17, 1914 (38 Stat. 277, ch. 10) was therefore enacted so as to impose a prohibitive internal revenue tax on all smoking opium manufactured in the United States from domestic crude opium and to further provide that a bond be required of the prospective manufacturers, so heavy as to be deterrent in its effect. The law calls for a $300 tax and a $100,000 bond, and the $300 to be levied on each pound manufactured.

MEDICINAL USE

A wide canvass of the medical profession at this period proved that we imported, manufactured, and consumed about 8 times as much opium and cocaine as is sufficient to satisfy the medicinal needs of the American people. Most of the States had already enacted pharmacy laws requiring that these drugs be sold upon prescription only, but these laws were ineffective because of the failure of the Federal Government to control the importation of the drugs which purported to be for medicinal purposes and to control the interstate traffic of such drugs (H. Rept. 23, 63d Cong.). It was for this purpose that the Harrison Act was passed.

Development of Existing Basic Narcotic Laws

HARRISON LICENSING ACT

The Act of December 17, 1914 (38 Stat. 785–790), known as the Harrison Act, provided for the licensing and special taxation of all people who produce, import, manufacture, deal in, sell or dispense opium, cocaine, or their derivatives. Transportation in interstate commerce was forbidden by unregistered persons, with certain exceptions (I. R. C. sec. 3224, 1939; as amended by act of Sept. 21, 1950, 64 Stat. 898 ch. 974).

AMERICAN PHARMACISTS IN CHINA ACT

The act of March 3, 1915 (38 Stat. 817, ch. 74), known as the American Pharmacists in China Act, provided for the licensing of American pharmacists in China and for regulating their sale of narcotic drugs. This legislation aided us in fulfilling our obligations under article 16 of the International Opium Convention of 1912 (38 Stat. 1912–38), wherein we agreed to apply the Chinese pharmacy laws regulating the sale of narcotic drugs, to our nationals residing in China.

LACK OF REGULATION OF EXPORTS

Although the Narcotic Drugs Import and Export Act of January 17, 1914, supra, provided that the exportation of opium, cocaine, and their derivatives (other than smoking opium) be made in accordance with the laws of the importing country, no regulations were issued to enforce this provision until May 1, 1920. The result was that during these 6 years the exportation of narcotic drugs was permitted to be made to countries (1) which had not ratified the opium convention, and which, therefore, maintained no system of control over narcotic drugs within its borders, and (2) which had ratified the opium convention but had failed to enact and enforce effective regulations of narcotic drugs. Exportations were not limited to consignees who were authorized by the foreign government to receive the narcotic drugs, nor to consignees who required the narcotic drugs for actual present medical or scientific uses (Treasury Decisions, Customs No. 38033).

In consequence it was found that large amounts of our exports of narcotic drugs, as for instance, exports to Japan, had been reexported by the consignee (either by intransit shipments through the country of destination or transshipment at the port of destination) to Chinese consumers, or had been smuggled back to the United States. This was made possible by the fact that according to Japan's otherwise strict import regulations, intransit shipments and transshipments were not deemed imports. In the case of the Chinese consumer, the narcotic drug usually reached him in violation of the laws of China, aided in many instances by the postal agencies maintained at that time by foreign powers in China. This situation resulted in affecting China's purchasing power to the serious injury of our trade in China. The injury to China's purchasing power was brought about by the consumption of narcotic drugs unlawfully brought to China, such consumption lessening the productive power of the nation and causing wasteful expenditures which comprised the profit of the Japanese and

other foreign importers upon the resale of our manufactures of narcotic drugs (H. Rept. 852, 67th Cong.).

On May 1, 1920, the Secretaries of State, Treasury, and Commerce, acting under authority of the Narcotics Drugs Import and Export Act of January 17, 1914, supra, put into effect certain regulations which greatly minimized these evils. (See Treasury Decisions, Customs No. 38381.)

FEDERAL NARCOTICS CONTROL BOARD CREATED

The act of May 26, 1922 (42 Stat. 596–598), known as the Narcotic Drug Import and Export Act of 1922, enacted into permanent law the policy contained in these regulations. The then existing prohibition of imports of opium prepared for smoking was extended to other narcotics such as morphine, coca leaves, and their derivatives, but the import of crude opium and coca leaves was permitted in such quantities as the Federal Narcotics Control Board, which was created by the act, would find necessary for medicinal and legitimate uses. The prohibition of in-transit shipments and transshipments of opium prepared for smoking was continued, and no other narcotic could be so admitted, transferred, or transshipped except with approval of the Board. The prohibition against the exportation of opium for smoking was continued, but as to other narcotics, their exportation was permitted only to countries which were signatories of the International Opium Convention of 1912 and which maintained a license system deemed adequate by the Board, and then only to a licensed consignee, to be used for medicinal or legitimate purposes within the country of destination. The import and export restrictions were expanded to Territories and possessions of the United States, and provision was made for deportation of aliens convicted of illegally importing narcotics into the United States.

SPECIAL INVESTIGATION OF NARCOTICS TRAFFIC

On April 15, 1919, a special committee for the investigation of traffic in narcotic drugs, appointed by the Secretary of the Treasury, submitted its report in which it pointed out that the number of drug addicts in this country probably exceeded 1 million; that the range of the ages of these addicts was from 12 to 75 years; that the annual production of opium was approximately 1,500 tons while only 100 tons was sufficient to meet the world's medicinal and scientific needs, that the growth of coca leaves was likewise greatly in excess of what was required for the same needs; and that, therefore, vast quantities of each of these were available for the manufacture of habit-forming narcotic drugs for illicit sale and consumption.

RESTRICTION ON WORLD PRODUCTION URGED

It became apparent that the International Opium Convention of 1912 had not achieved its purpose because the treaty had attempted to regulate the transportation and sale of these drugs without providing adequate restriction upon production. Therefore, on March 2, 1923, Congress passed a joint resolution requesting the President to urge upon the Governments of Great Britain, Persia, and Turkey the immediate necessity of limiting the growth of the poppy and the pro-

duction of opium and its derivatives to the amount actually required for strictly medicinal and scientific purposes, and to urge upon Peru, Bolivia, and the Netherlands the immediate necessity of limiting the production of coca leaves and its derivatives in the same manner. Great Britain controlled India, and the Netherlands controlled Java, both of which were large sources of supply (42 Stat. 1431, ch. 190).

HEROIN

The same report of April 15, 1919, pointed out that most of the heroin addicts were comparatively young, a portion of them being boys and girls under the age of 20. Hearings held before the House Committee on Ways and Means (68th Cong., 1st sess.) brought out the fact that heroin serves no medical purpose which may not better be served by other available drugs; that it is more poisonous than morphine, and that it is the most harmful of all habit-forming drugs, its immediate effect upon the addict being the dethronement of moral responsibility. Much data were furnished which showed that the use of heroin stimulates crime. Orders had been issued discontinuing and prohibiting the use of heroin by the Bureau of Public Service, the United States Army, the United States Navy, and the Veterans' Bureau. The house of delegates of the American Medical Association at its annual session of 1920, in New Orleans, adopted a resolution that heroin be eliminated from all medicinal preparations, that it not be administered, prescribed, nor dispensed, and that the importation, manufacture, and sale of heroin be prohibited in the United States (H. Rept. No. 525, 68th Cong.).

The act of June 7, 1924 (43 Stat. 657, ch. 352), accordingly amended the Narcotic Drugs Import and Export Act to prohibit the import of crude opium for the purpose of manufacturing heroin.

RECIPROCAL EXCHANGE OF NARCOTICS INFORMATION

On June 26, 1924 (44 Stat. 2097), the United States concluded a treaty with Great Britain regarding Canada, by which a reciprocal exchange of information concerning violators of narcotic laws was agreed upon and smuggling of narcotics was added to the list of extraditable offenses.

TREATIES AND CONVENTIONS AGAINST SMUGGLING

On January 8, 1925 (44 Stat. 2100), the United States concluded a treaty with Great Britain concerning Canada, providing for extradition for violation of laws enacted for the suppression of the traffic in narcotics.

On February 19, 1925, the United States signed an International Opium Convention at Geneva (48 Stat. 1545).

On March 11, 1926, the United States concluded a convention with Cuba for the suppression of the smuggling of narcotics and other merchandise (44 Stat. 2402).

The act of March 27, 1927, effective April 1, 1927 (44 Stat. 1382, sec. 4), transferred to the Secretary of the Treasury the duties of the Commissioner of Internal Revenue in connection with narcotics.

The act of March 28, 1928 (45 Stat. 374, ch. 266), authorized advances of funds by special disbursing agents in connection with the enforcement of the various narcotics acts.

TREATMENT OF ADDICTS

The act of January 19, 1929 (45 Stat. 1085, ch. 82), established two United States narcotic farms for the confinement and treatment of persons addicted to the use of habit-forming narcotic drugs, who have been convicted of offenses against the United States, and for addicts who voluntarily submit themselves for treatment. This was found to be necessary because the penitentaries at Atlanta, Leavenworth, and McNeil Island in the State of Washington were badly overcrowded and had among their prisoners at that time, 1,559 drug addicts. It was deemed urgent that these addicts be removed, (1) because they were a demoralizing influence upon the remainder of the 7,000 prisoners, (2) because their removal would relieve the congestion in these penitentiaries, and (3) because such farms are essential in a broad and constructive program to combat the drug evil. It was claimed that the increase of crime in its most dangerous character was frequently traced to the addict who became the perpetrator of crimes of violence. The provision for treatment of addicts who submit themselves voluntarily, was included in order to enable the addict to be taken off the street without stigmatizing him as a criminal. Instances had been reported where addicts in order to secure treatment and place themselves under restraint, were willing to commit some form of offense in order that they might be placed in custody and imprisoned (H. Rept. 1652, 70th Cong.).

BUREAU OF NARCOTICS ESTABLISHED

The act of June 14, 1930 (46 Stat. 585, ch. 488), established a Bureau of Narcotics in the Treasury Department, provided for cooperation with the States in the suppression of the abuse of narcotic drugs in their jurisdictions, and amended the Narcotic Drugs Import and Export Act of May 26, 1922, supra, to permit the importation of additional amounts of coca leaves, provided that after their entry into the United States, all cocaine, ecgonine, and all derivatives from which cocaine or ecgonine may be synthesized, shall be removed from such additional amounts of coca leaves. The Surgeon General was directed to conduct research with respect to narcotics including the use and misuse of narcotic drugs, etc.

The Bureau of Narcotics was created in order to centralize all authority and information in one bureau. It was claimed that this centralization of authority would greatly assist the international exchange of information and the cooperation which was considered essential in dealing with narcotics problems, and would facilitate the preparation of data for use in making representatives to foreign governments. The importation of additional coca leaves for decocainization was intended for use as a flavoring for soft drinks (H. Rept. No. 1031, 71st Cong.). The provision for cooperation with the States was included as recognition of the rights of the States to control the professional use of narcotic drugs by their physicians and to extricate the Federal Government from the position of appearing to be regulating the practice of medicine (even if only as it pertains to narcotics) in the several States (S. Rept. 785, 71st Cong.).

The act of June 26, 1930 (46 Stat. 819, ch. 723), made a technical correction in the act of June 14, 1930, supra, and made said act of June 14, 1930, effective as of July 1, 1930.

PAYMENTS TO INFORMERS AUTHORIZED

The act of July 3, 1930 (46 Stat. 850, ch. 829), authorized the Commissioner of Narcotics to pay for information concerning a violation of any narcotic law of the United States resulting in a seizure of contraband narcotics. This was found necessary because the importation of these prohibited drugs is difficult to detect since quantities thereof may be concealed in extremely small containers. It was shown that agents could frequently secure information from those who are in some way connected with the narcotics traffic, if the agents had the authority to pay for the information (H. Rept. 91, 71st Cong.).

Similar provisions available to customs officers in combating the smuggling of narcotics are found in section 619 of the tariff act (19 U. S. C. 1619) which permits the payment of an award of compensation to informers of 25 percent of the net amount recovered as a result of the information furnished. In addition, the annual customs appropriation act authorized the expenditure of funds for the purchase of information or evidence of violations of laws enforced by customs.

PENALTIES FOR VIOLATIONS

The Tariff Act of 1930 (46 Stat. 748, sec. 584), provided a penalty for importation of opium prepared for smoking, which was not included in the manifest of the vessel, but excepted from such penalty, the master of a vessel used as a common carrier, who did not know that such opium was on board. This was amended by the act of August 5, 1935 (49 Stat. 523, sec. 204 (a)), which extended this penalty to all narcotics.

The act of February 18, 1931 (46 Stat. 1171, ch. 224), provided for the deportation of aliens convicted and sentenced for violation of any law regulating traffic in narcotics.

On July 13, 1931, a multilateral convention, with the United States participating, was concluded at Geneva, for limiting the manufacture of narcotic drugs to the world's legitimate requirements for medical and scientific purposes, and for regulating their distribution (48 Stat. 1543).

The Revenue Act of 1936 (49 Stat. 1745, sec. 806) placed an annual tax of $1 upon persons not registered as importers, manufacturers, producers, or compounders, but lawfully entitled to obtain narcotics for research use. Such persons were required to keep special records.

MARIHUANA

The act of August 2, 1937 (50 Stat. 551, ch. 553), known as the Marihuana Tax Act of 1937 imposed an occupational excise tax upon all legitimate handlers of marihuana, ranging from $24 per year on manufacturers, compounders, and importers, to $1 per year on persons using same for experimental purposes. These persons must also register with the collector of internal revenue and must file information returns as to their dealings in marihuana. All transfers of marihuana are to be made in pursuance of official order forms issued by the Secretary of the Treasury, upon which the details of the transaction are set forth. A transfer tax of $1 per ounce is imposed upon the transfer of marihuana to a registered person and a tax of $100 per ounce is imposed upon transfer to nonregistered persons.

It appeared in the hearings on the measure that marihuana is a dangerous drug found in the flowering tops, leaves, and seeds of the hemp plant. The drug is used only to a negligible extent by the medical profession, but the plant has many industrial uses. Under the influence of this drug, the will is destroyed and all power of directing or controlling thought is lost. Inhibitions are released. As a result of these effects, it appeared from testimony produced at the hearings that many violent crimes are committed by persons under the influence of this drug. Not only is the drug used by hardened criminals to steel them to commit violent crimes, but it is placed in the hands of high-school children, by unscrupulous peddlers, in the form of marihuana cigarettes. Cases were cited of schoolchildren who had been driven to crime and insanity through the use of this drug. The purpose of the Marihuana Tax Act is twofold: First, the development of a plan of taxation which will raise revenue and at the same time render extremely difficult the acquisition of marihuana by persons who desire it for illicit purposes, and second, the development of an adequate means of publicizing the dealing in marihuana in order to tax and control the traffic effectively (H. Rept. No. 792, 75th Cong.).

PENALTIES FOR REPEATED OFFENSES

The act of August 12, 1937 (50 Stat. 627, ch. 598), increases the punishment of second, third, and subsequent offenders against narcotic laws applying to sale, export, or import of opium, coca leaves, cocaine, or their derivatives. Studies of the problem of narcotic control made by the Treasury Department indicated the need for this legislation. These studies indicated that a large percentage of persons convicted for narcotic violations are habitual offenders, and that, as a group, narcotic offenders are responsible for a large number of criminal offenses of every nature and have a high percentage of previous convictions for other crimes as well as those involving narcotics. The habitual violator of narcotics laws presents a very serious problem in the control of crime, and the existing methods of enforcement, so far as they concern the punishment meted out to such violators, has not been sufficiently drastic on the whole to check their activities. The then existing narcotic laws did not provide for the increase of the punishment of violators by reason of previous convictions. The Harrison Act, supra, prescribed a maximum penalty of $10,000 or 5 years' imprisonment, or both, and the Narcotic Drug Import and Export Act a maximum of $5,000 or 10 years, or both. The size of the penalty in both instances depended upon the nature of the offenses, but the fact of a prior conviction was not made an element in either case. It was believed that this new act of August 12, 1937, through its provisions for the increase of the punishment of habitual offenders against the narcotic laws, would not only deter the commission of offenses against such laws, but also by removing such offenders from contact with society, would prevent the spread of the narcotic habit and reduce materially the number of criminal offenses of other kinds (H. Rept. No. 1122, 75th Cong.).

ENFORCEMENT OF NARCOTIC ACTS

The act of August 7, 1939 (53 Stat. 1262, ch. 566), amends the act of March 28, 1928, supra, relating to the advance of funds in connection

with the enforcement of acts relating to narcotic drugs, so as to permit such advances in connection with the enforcement of the Marihuana Tax Act of 1937, and to permit advances of funds in connection with the enforcement of the customs law. This legislation was necessary because the 1928 statute was enacted prior to the Marihuana Tax Act of 1937.

The act of August 9, 1939 (53 Stat. 1291, ch. 618), provides for the seizure and forfeiture of vessels, vehicles, and aircraft used to transport narcotic drugs which are contraband, in violation of the narcotic laws. This legislation was deemed necessary from the fact that the narcotic laws do not carry adequate provisions for the forfeiture of carriers used to effect violations of these laws. These carriers represent tangible major capital investments to criminals whose liquid assets are frequently not accessible to the Government. Such measures have proved effective as enforcement aids for customs laws (H. Rept. No. 1054, 76th Cong.).

DEPORTATION OF ALIEN NARCOTIC VIOLATORS

The act of June 28, 1940 (54 Stat. 673, sec. 21), known as the Alien Resigtration Act, 1940, amends the act of February 18, 1931, supra, to provide for deportation of aliens convicted for violation of a law regulating traffic in narcotics, whether or not they were sentenced, and whether or not the law violated was a Federal or State law. Marihuana was included among the narcotics, the regulation of which the act referred to.

POSSESSION OF NARCOTICS ABOARD VESSEL

The act of July 11, 1941 (55 Stat. 584, ch. 289) makes it a punishable offense to possess narcotic drugs aboard a vessel engaged on a foreign voyage, if such drugs do not constitute a part of the cargo entered in the manifest or a part of the ship stores. This act was enacted for the purpose of facilitating the maintenance of discipline on board United States vessels. It was deemed that the use of marihuana or other narcotic drugs by persons on board ship threatens the safety of the ship passengers and the crew. Under then existing law, the offender could not be prosecuted unless the discovery was made within the territorial waters of the United States. In one case, marihuana was found in a seaman's locker, but it was decided that no prosecution could follow because the marihuana was found 180 miles at sea, and then entered upon the ship's manifest. Where the discovery was made before reaching the territorial waters, but the drug had been disposed of by the time the ship entered territorial waters, conviction would not follow. Possession on the high seas was no offense. This act makes such possession an offense (H. Rept. No. 531, 77th Cong.).

DOMESTIC CONTROL OF OPIUM POPPY

Act of December 11, 1942 (56 Stat. 1045, ch. 720), known as the Opium Poppy Control Act of 1942, provides for the domestic control of the production and distribution of the opium poppy and its products by means of licensing, in order to discharge more effectively the obligations of the United States under certain treaties relating to the manufacture and distribution of narcotic drugs, supra. The act was also

designed to promote the public health and general welfare and to safeguard the revenue derived from the taxation of opium and opium products and at the same time to insure an adequate supply of opium drugs for the medical and scientific needs of our Nation.

It had recently come to the attention of the Government that there was a rather widespread move to promote the growth of the opium poppy. This was particularly evident on the west coast, but was not confined to that area. Those persons agitating for the growth of the poppy were primarily interested from the standpoint of the production of the poppy seed for bakery purposes to flavor and decorate bread and rolls. The seeds contain no narcotic. Prior to World War II, these seeds were imported from European countries, in quantities of from 6 to 8 million pounds annually at about 7 cents per pound. With the shutting off of imports since the war the price has increased to about 50 cents per pound and the growth of the poppy seed is a lucrative enterprise. However, the production of seed which would result from the unrestricted growth of poppies would reduce the price to a very low level and farmers finding themselves with an unprofitable crop on their hands might be tempted to sell the pods and stems of the plant, which are the source of morphine which may be extracted by the simple process of boiling such pods and stems. This would present a grave problem with respect to the dangers of the spread of drug addiction. The Narcotic Drugs Import and Export Act, supra, is confined to exports and imports. The Harrison Act, insofar as it applies to producers, is confined to persons who produce narcotic drugs for sale or distribution. This act was, therefore, necessary. It was deemed unwise to prohibit the production completely because opium and its derivatives were considered critical and strategic materials in the prosecution of the war for the purpose of relieving the pain of the wounded on the battlefield. Although there was a reasonably adequate reserve stockpile, it might be necessary to have available a domestic source of supply of raw material through growth of the opium poppy. By licensing the production of the poppies and the manufacturing of its products, strict control could be authorized over the growth of the opium poppy (H. Rept No. 2528, 77th Cong.).

On July 1, 1944, Congress passed a joint resolution (58 Stat. 674) requesting the President to urge upon foreign governments the curtailment of poppy production.

PUBLIC HEALTH SERVICE ACT

The act of July 1, 1944 (58 Stat. 682, ch. 373), known as the Public Health Service Act, contains certain provisions relating to narcotics and narcotic addicts. Since this act is a consolidation and revision of laws relating to the Public Health Service, the provisions relating to narcotics are for the most part a reenactment of existing law. Thus section 302, providing for studies, investigations, and reports with respect to narcotics, was already contained in the act of June 14, 1930, supra; sections 341 to 345, dealing with the treatment of narcotic addicts, was principally a reenactment of the act of January 19, 1929, supra; however, the existing law applying to two narcotic farms is enlarged to apply to any hospital of the Public Health Service.

Section 343 of this new act extends to narcotic prisoners the right, which they did not have, to earn commutation for time spent working in industrial shops, on the same basis as other Federal prisoners working in prison industries, except that no such commutation would operate to release an addict before he has been cured of his addiction (H. Rept. No. 1364, 78th Cong.).

DEMEROL

The act of July 1, 1944 (58 Stat. 721, ch. 377), made existing Federal narcotic laws applicable to a recent discovered synthetic drug named "isonipecaine," known by the trade name of Demerol. It is claimed that this synthetic drug has an effect similar to morphine on the human organism and that scientific experimentation in this country has disclosed that this drug possesses addiction liability comparable to morphine (H. Rept. No. 1588, 78th Cong.).

SYNTHETIC DRUGS

The act of March 8, 1946 (60 Stat. 38, ch. 81) provided a prompt and convenient method for bringing under the control of the Federal narcotic laws any newly discovered synthetic drug which is determined, after appropriate inquiry, to possess the same or similar dangerous, habit-forming, or habit-sustaining qualities as morphine or cocaine. The belief had been expressed by the Treasury Department that a number of new synthetic, habit-forming or habit-sustaining drugs would appear on the market during and after World War II. Information had already been received that the German Bayer firm had a new compound, called No. 446, which was quite similar to isonipecaine. Under then existing law, each time a synthetic drug of this nature was discovered and produced for distribution on the market, special legislation had to be enacted by Congress before regulatory control of the drug could be established. The necessity of obtaining legislation for each new drug involved a cumbersome procedure and it was deemed that considerable danger might result by reason of the spread of addiction before essential regulatory control could be put into effect. The act terms such drugs "opiates" and provides that each new drug be brought under Federal control upon a proclamation by the President that the Secretary of the Treasury has made a finding that a drug has an addiction-forming liability similar to either morphine or cocaine (H. Rept. No. 254, 79th Cong.). The act also includes a provision for the licensing of millers.

Under authority of this act, the President has proclaimed the following drugs to be opiates:

Isoamidone.—Proclamation No. 2793, July 1, 1948 (62 Stat. 1525).

Keto-Bemidone.—Proclamation No. 2807, September 4, 1948, (62 Stat. 1552).

Bemidone.—NU–1196, NU–1779, NU–1932, N. I. H.–2933, N. I. H.–2953, and CB–11—Proclamation No. 2851, August 24, 1949 (63 Stat. 1290).

NU–2206.—Proclamation No. 2879, March 24, 1950 (64 Stat. A396).

Alpha-acetylmethodol; alpha-methodol; beta-acetylmethadol; 3-Dimethylamino-1, 1-di-(2-thienyl)-1-butene—Proclamation No. 3022, June 16, 1953 (67 Stat. c51).

3-methoxy-N-methylmorphinan, its racemic and levorotatory forms and their salts (excepting its dextrorotatory form and its salts; *4-(3-hydroxyphenyl)-1-methyl-4-piperidylethyl* (Ketobemidone) and its salts—Proclamation No. 3074, October 18, 1954 (69 Stat. c11).

4, 4-diphenyl-6-dimethylamino-3-hexanone—Proclamation No. 3082, February 23, 1955 (69 Stat. c21).

FUNCTIONS TRANSFERRED TO UNITED NATIONS

On December 11, 1946 (61 Stat. 2230), the United States agreed to a protocol amending the previous international agreements, conventions, and protocols on narcotic drugs. This was proclaimed by the President on March 30, 1948 (62 Stat. 1796) and among other things, provided that the functions of the League of Nations regarding narcotics, be transferred to the United Nations and that each nation would enforce any amendments by appropriate domestic legislation.

CONTRABAND

The act of August 9, 1950 (64 Stat. 427, ch. 655) amends the act of August 9, 1939, *supra*, relating to the seizure of vessels and the term "contraband article" as it relates to narcotics. Prior to the enactment of this amendment, marihuana to meet the definition of contraband article was required to be sold, offered for sale, or possessed with intent to sell. Now the mere unlawful acquisition or possession of marihuana renders it a contraband article. It was believed that this enlargement of the definition of "contraband article" will be of considerable assistance to the Narcotics Bureau in its efforts to curtail the traffic in narcotic drugs. Of great importance also is the inclusion in the definition of "contraband article" of narcotic drugs unlawfully acquired such as by fraudulent prescriptions, and narcotic drugs obtained through theft, robbery or burglary, and transported from one state to another (report of Commissioner of Narcotics for year ended December 31, 1950, p. 5).

INTERSTATE TRANSPORTATION OF NARCOTICS

The act of September 21, 1950 (64 Stat. 898, ch. 974), is an amendment of section 3224b of the Internal Revenue Code prohibiting the unauthorized transportation of narcotic drugs from one State to another and making it unnecessary to prove that delivery was made or intended to be made to a person in another State. The statute in its prior form (53 Stat. 383) was seldom used in the prosecution of narcotic violators because of the difficulty of proving that the drugs were transported for delivery to another person. Now that the requirement has been eliminated it is anticipated that narcotic traffickers will more frequently be charged and prosecuted for the unauthorized transportation of narcotic drugs in interstate commerce (Report of Commissioner of Narcotics for year of 1950, pp. 5–6).

BOGGS ACT AGAINST HABITUAL OFFENDERS

The act of November 2, 1951 (65 Stat. 767, ch. 666), known as the Boggs Act, amends the Narcotic Drugs Import and Export Act of May 26, 1922, to provide increased penalties for the violation of the Federal narcotic and marihuana laws, particularly for second and subsequent violators. It repeals the act of August 12, 1937, which increased the punishment of second, third, and subsequent offenders against narcotic laws covering opium, coca leaves, cocaine, and their derivatives, and makes more stringent and more uniform the penalties imposed upon persons violating the Federal narcotic and marihuana laws. The provision for more severe sentences now enables narcotic violators, who are frequently addicts themselves, to be subjected to a longer period of treatment and observation, and at the same time will have the effect of removing from active participation in the drug traffic those offenders who may not be susceptible to corrective treatment. The act precludes suspension of sentence or probation on a second and subsequent offense. A conspiracy to violate is considered a specific offense. From statistics furnished by the Bureau of Narcotics, it was apparent that there was a decided increase in drug addiction. The drug traffic also had become a problem among personnel at our military establishments. Dope peddlers had been arrested in and about the several military camps and addiction had been detected among the personnel of armed services. Statistics further showed that the punishment afforded for narcotic law violators had not been an effective deterrent since not only had the number of violations increased but for the fiscal year ending June 1950, 63.6 percent of narcotic violators, committed to Federal institutions with a sentence of more than 1 year, were repeaters. It was, therefore, considered urgent to take steps to increase penalties even to the extent of removing some discretion from the Federal judiciary as this act has done (H. Rept. No. 635, 82d Cong.).

INTERDEPARTMENTAL COMMITTEE ON NARCOTICS

On November 2, 1951, the President issued Executive Order No. 10302 (16 F. R. 11257) creating an Interdepartmental Committee on Narcotics to maintain information regarding Federal, State and local law-enforcement action taken in connection with the illegal sale and use of narcotic drugs and marihuana, and to disseminate such information and to examine and study several other phases of the narcotics problem.

DEPORTATION OF ALIEN NARCOTIC OFFENDERS

The act of June 27, 1952 (66 Stat. 206, sec. 241 (a) (11)), known as the Immigration and Nationality Act, provides for the deportation of an alien who is, or at any time after entry has been, a narcotic drug addict, or who at any time has been convicted of violating any narcotics laws.

PART II

SUMMARY OF FEDERAL NARCOTICS LAWS AND REGULATIONS IN EFFECT

The basic Federal laws regulating the traffic in narcotics are the Narcotic Drugs Import and Export Act, the Harrison Antinarcotic Act, Marihuana Tax Act of 1937, and the Opium Poppy Control Act of 1942. Provisions relating to the rehabilitation of narcotic drug addicts are contained in the Public Health Service Act, and relating to the deportation of narcotic law violators in the Immigration and Nationality Act of 1952. There are also provisions in the internal revenue and customs laws and in other special enactments.

All these basic laws and miscellaneous provisions are contained in several titles of the United States Code. Following is a summary of each law with citations to the United States Statutes at Large. Since the text of these laws happens to be cumbersome, there has been added, after each section, the citation to the section of the United States Code where the text of this provision appears. Wherever the law authorizes the issuance of regulations by an enforcement agency, the citation has been added and the text of the existing regulations has been attached.

NARCOTIC DRUGS IMPORT AND EXPORT ACT

Citation: Act of February 9, 1909 (35 Stat. 614, ch. 100), amended by act of January 17, 1914 (38 Stat. 275, ch. 9); Act of May 26, 1922 (42 Stat. 596, ch. 202, sec. 1); act of June 7, 1924 (43 Stat. 657, ch. 352); act of June 14, 1930 (46 Stat. 586 secs. 3, 6); act of July 11, 1941 (55 Stat. 584, ch. 289); act of March 8, 1946 (60 Stat. 39, ch. 81, sec. 7); act of August 8, 1953 (67 Stat. 506) (U. S. C. 21: 171–185).

Narcotic drugs defined.—The terms "narcotic drug," "isonipecaine," and "opiate" shall have the same meaning as is given them in 26 U. S. C. 4731 (U. S. C. 21: 171).

Importation of narcotic drugs prohibited.—It is unlawful to import or bring into the United States or any territory under its jurisdiction, any narcotic drug, except such amounts of crude opium and coca leaves as the Commissioner of Narcotics finds to be necessary for medical or legitimate uses; but no crude opium may be imported for the purpose of manufacturing heroin. Any narcotic drug imported contrary to law shall be subject to forfeiture (U. S. C. 21: 173)

Importation of additional coca leaves.—The Commissioner of Narcotics is authorized to permit the importation of additional amounts of coca leaves, provided that after the entry thereof into the United States, all cocaine, ecgonine, and all salts and derivatives (contained in such additional amounts of coca leaves), from which cocaine or ecgonine may be synthesized, shall be destroyed under the supervision of the Commissioner of Narcotics (U. S. C. 21:173a).

Penalty for illegal importation.—A fine of not more than $2,000 and imprisonment of not less than 2 years nor more than 5 years. In a trial for violation of narcotic import provisions, possession of the narcotic drug shall be deemed sufficient evidence to authorize conviction unless defendant explains the possession to the satisfaction of the jury. For the second offense, the penalty is a fine of not more than $2,000 and imprisonment for not less than 5 years nor more than 10 years; and for a third or subsequent offense, a fine of not more than $2,000 and imprisonment of not less than 10 years nor more than 20 years. Upon conviction of a second or subsequent offense, sentence shall not be suspended and probation shall not be granted (U. S. C. Supp. V 21:174) (The Boggs Act).

Liability of masters of vessels: other vehicles.—The master of a vessel or a person in charge of a railroad car or other vehicle shall not be liable for illegal importation if he satisfies the jury that after exercising due diligence to prevent the presence of the narcotic drug or smoking opium on such vessel, car, or vehicle, he had no knowledge of same. However, the narcotic drug shall be subject to seizure and forfeiture (U. S. C. 21:176, 179).

Administration of import provisions.—The administration of these provisions is vested in the Department of the Treasury (U. S. C. 21:177).

Smoking opium, possession in transit.—Any person subject to the jurisdiction of the United States who shall have in his possession or conceal on board any foreign or domestic vessel, railroad car, or other vehicle bound to or from the United States, any smoking opium, shall be subject to the penalties in United States Code 21:174, above. In a trial for violation of this section, possession of such opium shall be deemed sufficient evidence to authorize conviction, unless the defendant shall explain the possession to the satisfaction of the jury (U. S. C. 21:178).

Smoking opium and other narcotics not admitted for transshipment.—No smoking opium shall be admitted into the United States or any Territory within its control, for transportation, transfer, transshipment, or immediate export to another country; also, except with the approval of the Commissioner of Narcotics, no other narcotic drug may be so admitted, transferred, or transshipped (U. S. C. 21:180).

Smoking opium, presumption as to importation.—All smoking opium found within the United States shall be presumed to have been imported illegally and the burden of proof shall be on the defendant to rebut such presumption (U. S. C. 21:181).

Exportation of narcotic drugs prohibited.—The exportation of smoking opium is absolutely prohibited. The exportation of other narcotic drugs exclusively for medicinal or legitimate uses, may be made only to a country which is a signatory of the International Opium Convention of 1912 and which maintains a licensing system for the control of narcotic imports. The narcotic drug must be consigned to an authorized permittee, and not for reexport (U. S. C. 21:182).

Penalty for illicit export: share of fine to informer.—A fine of not more than $5,000 nor less than $50, or imprisonment for not more than 2 years, or both. One-half of any fine recovered from any person convicted of an offense for import or export of narcotic drugs, and one-half of all forfeited bail, may be paid to informers for information leading to institution of such proceedings, but no payment shall be made to an officer or employee of the United States (U. S. C. 21:183).

Seizure of narcotics on vessel.—A narcotic drug that is found upon an incoming vessel and is not shown on vessel's manifest, or is landed without a permit, shall be seized and forfeited, and the master of the vessel shall be liable to a penalty of $25 an ounce if the narcotic drug is smoking opium, and to a penalty equal to the value of the drug if it is any other narcotic drug. Such penalty shall constitute a lien upon the vessel and clearance of the vessel may be withheld until penalty is paid or bond is placed. Mitigation provisions applicable to customs law violations shall apply to penalties incurred for violation of these provisions (U. S. C. 21: 184).

Narcotic drugs on United States vessel on a foreign voyage.—Possession of narcotic drugs aboard a vessel engaged on a foreign voyage, if such drugs do not constitute a part of the cargo entered in the manifest or a part of the ship stores, shall be punishable by a fine of not more than $5,000 or imprisonment for not more than 5 years, or both (U. S. C. 21:184a).

Regulations.—Regulations No. 2, issued by the Bureau of Narcotics of the United States Treasury Department, are applicable in the enforcement of this act. Text of regulations are contained in 21 C. F. R. 201.1–201.7, and 202.1–202.59, and 19 C. F. R. 12.36.

HARRISON ANTINARCOTIC ACT

Citation: Act of December 17, 1914 (38 Stat. 785, ch. 1), as amended by act of February 26, 1926 (44 Stat. 96–98, secs. 703–705), act of June 22, 1936 (49 Stat. 1745, sec. 806 (a)); also amended by acts of February 24, 1919 (40 Stat. 1130, sec. 1006), November 23, 1921 (42 Stat. 298, sec. 1005), June 2, 1924 (43 Stat. 328, sec. 705), February 26, 1926 (44 Stat. 120, sec. 1119), March 3, 1927 (44 Stat. 1382, sec. 4 (a)), May 28, 1928 (45 Stat. 867, sec. 432); 53 Stat. 269–279, 382–384; act of July 1, 1944 (58 Stat. 721, secs. 1, 6, 7); act of March 8, 1946 (60 Stat. 38 ch. 81, secs. 1, 2, 6); act of September 21, 1950 (64 Stat. 898, ch. 974); act of November 2, 1951 (65 Stat. 767, secs. 2, 5 (3)); 26 U. S. C. 4701, 4721, 4731, 4771.

The Harrison Act of December 17, 1914 (H. R. 6282, Public Law 223, 63d Cong., 38 Stat. 785), as amended and supplemented, is a "taxing act with the incidental purpose of minimizing the spread of addiction to the use of poisonous and demoralizing drugs." *United States* v. *Balint* [1922], 258 U. S. 250. The act imposes two kinds of taxes: (1) a special (occupational) tax to be paid by every person who imports, manufactures, or produces, who sells at wholesale or at retail, who dispenses as physician, dentist, veterinarian, or other practitioner, or who uses in laboratory research, opium, coca leaves, isonipecine, or opiate, or any preparation thereof (26 U. S. C. 4721); and (2) a stamp (commodity) tax upon any such materials as have been produced in or imported into the United States, and sold or removed for consumption or sale (26 U. S. C. 4701, 4771).

1. Special (occupational tax)

(*a*) *Registration and tax.*—Every person who engages in any of the occupations or activities enumerated in section 4721 (as listed above), shall register with the Secretary of the Treasury or any officer or agency duly authorized by him, on or before July 1 of each year (sec. 4722), and shall pay the tax by stamps (sec. 4901). The amount of the annual tax is fixed by section 4721 according to the classifications

set out therein: (1) $24 a year for importers, manufacturers, or producers; (2) $12 a year for wholesale dealers; (3) $3 a year for retail dealers; (4) $1 a year for physicians, dentists, veterinary surgeons, and other practitioners; and (5) $1 a year for persons engaged in research, instruction, or analysis and using narcotic drugs for such purposes. Persons who are manufacturers or dealers in preparations of limited narcotic content, shall also register and pay a tax of $1 a year (sec. 4702).

Exemptions from registration and tax are provided in section 4772, for employees of persons who have registered under section 4721, and in section 4702 (c), for Government and State officials engaged officially in any of the business described in section 4721.

(*b*) *Definitions.*—Under section 4731, "person" is defined to include partnerships and corporations; "wholesale dealer" is defined as one who sells in original stamped packages as provided in section 4704 (a); "retail dealer" is one who sells or dispenses from such original stamped packages; "isonipecaine" is defined by its chemical identification, regardless of trade name; and "opiate" is defined to mean any drug (as defined in the Federal Food, Drug, and Cosmetic Act) found by the Secretary of the Treasury, after due notice and opportunity for public hearing, to have an addiction-forming or addiction-sustaining liability similar to morphine or cocaine, and proclaimed by the President to have been so found by the Secretary. The Secretary is authorized to issue necessary rules and regulations and to appoint a Treasury officer or employee to conduct any hearings authorized by this provision.

Opiates.—The drugs thus proclaimed to be opiates are—

Isoamidone—Proclamation No. 2793, July 1, 1948 (62 Stat. 1525);

Keto-Bemidone—Proclamation No. 2807, September 4, 1948 (62 Stat. 1552);

Bemidone, NU–1196, NU–1779, NU–1932, NIH–2933, NIH–2953, and CB–11—Proclamation No. 2851, August 24, 1949 (63 Stat. 1290);

NU–2206—Proclamation No. 2879, March 24, 1950 (64 Stat. A 396).

Alpha-acetylmethodol; alpha-methodol; beta-acetylmethadol; 3-Dimethylamino-1, 1-di-(2-thienyl)-1-butene—Proclamation No. 3022, June 16, 1953 (67 Stat. c51).

3-methoxy-N-methylmorphinan, its racemic and levorotatory forms and their salts (excepting its dextrorotatory form and its salts; *4-(3-hydroxyphenyl)-1-methyl-4-piperidylethyl* (Ketobemidone) and its salts—Proclamation No. 3074, October 18, 1954 (69 Stat. c11).

4, 4-diphenyl-6-dimethylamino-3-hexanone—Proclamation No. 3082, February 23, 1955 (69 Stat. c21).

(*c*) *Laws applicable.*—General provisions of the internal revenue laws, not inconsistent with the Harrison Narcotic Act, as amended are extended to and made applicable in its enforcement. Such extensions include applicable administrative, special, or stamp provisions of law, including the law relating to the assessment of taxes (sec. 4736), all provisions of law relating to the engraving, issuance, sale, accountability, cancellation, and destruction of tax-paid stamps (sec. 4771) and all provisions of law relating to special taxes, as far as necessary (sec. 4725).

Territorial extent of the law is prescribed, by Section 4774, to be the United States, the District of Columbia, the Territory of Alaska, the Territory of Hawaii, the insular possessions of the United States, the Trust Territory of the Pacific Islands, and the Canal Zone. Administration of the law in Puerto Rico, the Trust Territory of the Pacific Islands, the Canal Zone, and the Virgin Islands, is placed in the internal-revenue officers of those governments, and all revenues collected thereunder in Puerto Rico and the Trust Territory of the Pacific Islands, shall accrue intact to the general governments thereof (sec. 4735 (a)). For the Canal Zone, the President is authorized and directed to issue appropriate Executive orders for registration and imposition of special tax (sec. 4735 (b)).

State laws may impose State taxes on the business in drugs, or may specify controls or prohibitions over such business, and the payment of a Federal tax by any person, shall not exempt such person from any penalty or punishment provided by State law for carrying on such business in the State (sec. 4906).

There are overlapping provisions which cover the special (occupational) tax and the stamp (commodity) tax. For the purposes of this digest, the overlapping provisions will be placed under the tax to which they appear principally to apply.

(*d*) *Penalties and forfeitures.*—Enumerated acts by a person who has failed to register and pay the special tax, are made unlawful by section 4724. These acts are: *trafficking*—to import, manufacture, sell, dispense or administer the narcotic drugs; *transportation*—to send, ship, carry, or deliver the drugs in interstate commerce (with certain exceptions); *possession*—to have the narcotic drugs in one's possession or under one's control; possession or control shall be presumptive evidence of violation of this law. Certain persons are exempted from this presumption, but the burden of proof of any such exemption is on the defendant.

Boggs Act.—Penalties for unlawful acts are enumerated in sections 7237 (a), 7201–7203, 6672. For commission of an offense described in sections 4721–4725 (occupational tax), and in sections 4741–4762 (marihuana), for which no specific penalty is provided, the penalty is a fine of not more than $2,000 and imprisonment for not less than 2 nor more than 5 years; for second offense, a fine of not more than $2,000 and imprisonment of not less than 5 nor more than 10 years; for a third or subsequent offense, a fine of not more than $2,000 and imprisonment of not less than 10 nor more than 20 years. Upon conviction for a second or subsequent offense, the imposition or execution of sentence shall not be suspended and probation shall not be granted (sec. 7237 (a)).

Attempt to evade or defeat tax, or willful failure to collect or pay over tax, shall, in addition to other penalties provided by law, be deemed a felony, punishable by fine of not more than $10,000, or imprisonment for not more than 5 years, or both, together with the costs of prosecution (secs. 7201, 7202).

Willful failure to keep records or supply information at the time same is required by law or regulations, shall, in addition to other penalties provided by law, be deemed a misdemeanor, punishable by fine of not more than $10,000, or imprisonment for not more than 1 year, or both, together with the costs of prosecution (sec. 7203).

Failure to collect and pay over tax, or attempt to evade or defeat tax, shall, in addition to other penalties provided by law, be punishable

by a penalty equal to the total amount of the tax evaded, or not collected, or not accounted for and paid over (sec. 6672).

Fraudulent execution of any document required by the internal revenue laws or regulations, shall be deemed a felony, punishable by fine of not more than $5,000, or imprisonment for not more than 3 years, or both, together with the costs of prosecution (sec. 7206).

Delinquent and false returns are dealt with in section 6020. The Secretary of the Treasury is given authority to make a return from information available to him.

Failure to file a return by a person liable to a tax imposed under the internal revenue laws, may cause an imposition of penalties up to 25 percent of such tax (sec. 6651), and a fraudulent return may draw a penalty of up to 50 percent of the underpayment (sec. 6653 (b)). No penalty shall be imposed under this provision (sec. 6653 (b)) for any offense to which section 6672 (above) is applicable (sec. 6672).

Notice and demand for tax may be made by the Secretary of the Treasury within 60 days after making the assessment. Such notice shall be left at the taxpayer's dwelling or usual place of business, or shall be mailed to him at his last known address (sec. 6303). Interest at 6 percent per annum shall be paid from the last date prescribed for payment until actually paid (sec. 6601 (a)). The Secretary may grant an extension, not over 6 months, for filing any document required by the internal revenue laws or regulations (sec. 6081 (a)).

The preceding last two paragraphs on fraud, delinquency and civil penalties are general provisions for internal revenue administration, but the narcotic laws expressly, by statutes cited herein, make such provisions applicable in narcotic cases. The paragraphs above are therefore included.

2. Stamp (commodity) tax

(*a*) *Tax, stamps and order forms.*—On each ounce of opium, isonipecaine, coca leaves, opiate or compound or preparation thereof, which is produced in or imported into the United States, and sold, or removed for consumption and sale, an internal revenue tax of 1 cent per ounce is imposed (sec. 4701 (a)). The tax is paid by the importer, manufacturer, producer or compounder (subsec. (b)), by means of stamps purchased or other methods of payment as provided by the Secretary of the Treasury (sec. 4771 (a)). Stamps shall be so affixed as to seal the container (sec. 4703 (a)).

Exemptions from the tax are specified by section 4702 for preparations of limited narcotic content manufactured and sold as medicines, with all sales recorded as the Secretary may direct (subsec. (a)); for decocainized coca leaves or prepared therefrom (subsec. (b)); and for official transactions by government and State officials (subsec. (c)).

(*b*) *Definitions* are the same as section 4731, as set forth above.

(*c*) *Law applicable.*—The same provisions are applied to the commodity tax as those stated above for the occupation tax, by sections 4771 (b), 4736, 4725 and other sections and regulations.

Territorial extent of the law is defined by the same statute (sec. 2563) as cited above.

State laws on drugs are not affected by the Federal law, by force of the same provision set forth above (sec. 4906).

(*d*) *Penalties and forfeitures.*—Acts made unlawful are as follows:

(1) Section 4704: To purchase, sell, dispense or distribute any of the drugs named above except in the original stamped package or

from the original stamped package; absence of stamps is prima facie evidence of violation by possessor; and possession of any original stamped package by a person who has not registered nor paid special taxes is prima facie evidence of liability for the tax. Exceptions are made (subsec. (b)) in case of possession obtained from registered dealer by a prescription of a registered practitioner, and in case of dispensing by physician, dentist or veterinary surgeon in course of professional practice for legitimate medical purposes, and duly recorded as required by law.

(2) Section 4705 (a): To sell or give away any of the drugs named above except on the written order of the person to whom sold or given, on a form issued in blank by the Secretary of the Treasury. Exceptions are made as follows: Subsection (b) makes an exception in case of the Virgin Islands, by Executive orders permitting persons there to obtain the drugs in the United States without order forms. Subsection (c) (1) excepts dispensing to a patient by a registered physician, dentist or veterinary surgeon in course of professional practice only, provided that the doctor keep a record of all drugs as dispensed except to a patient upon whom the doctor personally attends. Subsection (c) (2) excepts dispensing by a dealer to a consumer under written prescription of a registered physician. dentist or veterinary surgeon, provided that the prescription is duly dated, and signed by the maker, and is preserved for 2 years in a readily accessible place and arrangement. Subsection (c) (3) excepts exportations or delivery by a person in the United States to a person in a foreign country, regulating entry by regulations of that country. Subsection (c) (4) excepts sales or gifts of the drugs to any Government or State official lawfully purchasing them for departments of the Army and Navy, health services, hospitals or prisons.

(3) Section 4705 (f): To use order forms issued to another person.

(4) Section 4705 (g): To obtain the drugs by the official order forms for use or sale not in the course of a lawful business or legitimate professional practice.

(5) Section 7237 (b): To disclose the information on returns or order forms except as provided by law and for the purpose of enforcing the law.

(6) Sections 7237 (a), 7201–7203, 6672, 6671 (b): A general penalty clause for violations.

Provisions for forfeitures are as follows:

(1) Section 4706: Unstamped packages found in possession of any person except as provided by law are subject to seizure and forfeiture, and all provisions of internal revenue laws on searches, seizures and forfeiture of unstamped articles are extended to articles and persons taxed under this law.

(2) Sections 4733, 7301 (a) (b): Opium, coca leaves, and the other drugs specified herein, seized by the United States Government from any person charged with violating specified narcotic statutes, shall upon his conviction be confiscated by and forfeited to the United States. The Secretary may deliver the seized drugs to an agency of the Government for medical or scientific purposes. None shall be destroyed without official certification that they are of no value for medical or scientific purposes.

General provisions of internal revenue laws dealing with fraud, delinquency and civil penalties, as set forth under paragraph 4 in

part I of this digest, on the special (occupational) tax, are applicable here also.

(e) *Provisions for administration.—*

(1) Order forms:

Section 4705 (f)—Supply: The Secretary shall sell order forms to collectors. Collectors shall sell the forms to purchasers, with name of purchaser stamped on the form.

Section 4705 (d)—Preservation: Seller of the drugs shall preserve the order for 2 years in accessible manner.

Section 4705 (e)—Duplicate of order and preservation: Purchaser or other person giving order for the drugs shall make duplicate thereof and preserve for 2 years for inspection.

(2) Records and returns: (Provisions applicable also to special (occupational) tax, in pt. I of this digest, are to be applied as indicated by the specific sections either by context or by citation.)

Section 6065: Every person liable to tax, or for collection thereof, shall keep such records, make such statements and returns, and comply with regulations as the Secretary may prescribe.

Section 4732 (a): Importers, manufacturers, and wholesale dealers shall keep records and render such monthly returns as the Secretary may require.

Sections 4732 (b), 4754: Registrants are required to render a statement or return to the Secretary whenever he requires, setting forth quantity of drugs received during a preceding 3 months or less, with names of persons from whom received.

Section 4773: Inspection of records. The duplicate order forms and prescriptions preserved as required above (4705 (c) (2) and (e)) and the statements of returns filed in Secretary's office (4732 (b), 4754) shall be open to inspection by Treasury officers and by State or city officers.

Sections 4775, 6107: Lists of special taxpayers may be furnished and shall be posted by the collectors.

(3) Stamps: Sections 4771, 6801–6805, provide for the preparation, alteration, attachment, cancellation, and redemption, of the revenue stamps.

(4) Regulations: The Secretary shall make and publish all needful rules and regulations (sec. 6801).

(6) Regulations: Regulations No. 5 issued by the Bureau of Narcotics of the United States Treasury Department are applicable in the enforcement of this act. (The text of these regulations is contained in 26 C. F. R. 151.1–151.204 and in 21 C. F. R. 205.1, 205.2.)

MARIHUANA TAX ACT OF 1937

Citation: Act of August 2, 1937 (50 Stat. 551, ch. 553; 53 Stat. 385–388, 279–283); act of March 8, 1946 (60 Stat. 40, sec. 10; U. S. C. 26: 4741–4776).

1. Occupational tax

Every person who imports, manufactures, produces, compounds, sells, deals in, dispenses, prescribes, administers, or gives away marihuana, shall annually pay a special tax as follows: importers, manufacturers, and compounders, $24; producers $1; physicians, dentists, veterinary surgeons, and other practitioners, $1; persons engaged in research, instruction, and analysis, $1; persons not otherwise taxed,

$3; millers, $1. If more than one activity is carried on, or more than 1 place of business is used by any 1 person, a tax shall be paid for each activity and for each place (U. S. C. 26: 4751).

Registration.—Any person subject to this special tax shall, upon payment of the tax, register with the official in charge of the district in which his place of business is located. The Secretary of the Treasury shall not permit the registration of a miller unless in his opinion, the miller is a person of suitable financial standing, intends to engage in the business in good faith on a commercial basis and is not seeking registration for the purpose of facilitating the unlawful diversion of marihuana (U. S. C. 26: 4753).

Exemptions.—No employee of any person who has paid the special tax and registered, and no Federal or State officer or employee in the exercise of his official duties, shall be required to register or pay a special tax (U. S. C. 26: 4772).

Filing of returns.—Any person who shall be registered under the above-mentioned provisions shall, when required to do so by the Secretary, render a verified statement setting forth the quantity of marihuana produced or received by him, the date of the receipt and the names of the persons from whom received (U. S. C. 26: 4754).

Offenses.—(1) It shall be unlawful for any person to import, manufacture, produce, compound, sell, deal in, dispense, distribute, prescribe, administer, or give away marihuana without having registered and paid a tax. In a suit to enforce this liability, proof that marihuana was at any time growing upon land under the control of the defendant shall be presumptive evidence that the defendant was a producer and liable for failure to pay the tax and register. (2) It shall be unlawful to ship, transport, or deliver marihuana in interstate commerce unless taxing and registration requirements have been met. This shall not apply to a common carrier engaged in transporting marihuana (U. S. C. 26: 4755).

List of special taxpayers.—The Secretary may furnish to any person, upon written request and payment of $1 per hundred names, a list of special taxpayers (U. S. C. 26: 4775).

Definitions.—"Marihuana" means all parts of the plant cannabis sativa L (hemp) whether growing or not, the seeds, resin, and all compounds and derivatives therefrom, but shall not include the mature stalks of the plant or any manufacture, compound, or derivative of such stalks. "Producer" means any person who plants, cultivates, or in any way aids the natural growth of marihuana. "Transfer" means any type of disposition which results in change of possession but does not include a transfer to a common carrier for purpose of transportation (U. S. C. 26: 4761).

2. Transfer tax

A tax of $1 per ounce shall be levied upon transfer to a registered person and of $100 per ounce upon transfer to a nonregistered person. Transfer shall be made in pursuance of a written order of the person to whom marihuana is being transferred. Transferee shall retain a copy of the order form and shall be liable for such tax. However, if transfer is made without such written order, both the transferor and the transferee shall be liable for the tax (U. S. C. 26: 4741).

Exemptions.—The following transactions shall not be covered by these tax provisions: professional practice, prescriptions, exportation, transfers to Federal and State officials, transfer of seeds to registered

person, transfer from registered person to registered miller (U. S. C. 26: 4742).

Offenses.—It shall be unlawful for transferee to acquire marihuana without payment of this tax, and failure of a person possessing marihuana to produce the order form upon request shall be presumptive evidence of guilt under this provision and of liability for this tax (U. S. C. 26: 4744).

Regulations.—Regulations No. 1, issued by the Bureau of Narcotics of the United States Treasury Department, are applicable in the enforcement of this act. The text of these regulations is also contained in volume 26, Code of Federal Regulations, parts 152.1–152.103.

OPIUM POPPY CONTROL ACT OF 1942

Citation: Act of December 11, 1942 (56 Stat. 1045, ch. 720; U. S. C. 21: 188–188m).

Declaration of policy.—It is the purpose of this act (1) to discharge more effectively the obligations of the United States under the International Opium Convention of 1912 and the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs of 1931; (2) to promote the public health and general welfare; (3) to regulate interstate and foreign commerce in opium poppies; and (4) to safeguard the revenue derived from taxation of opium and opium products (U. S. C. 21: 188).

Definitions.—The term "opium poppy" includes the plant Papaver somniferus, any part of such plant, and any other plant which is the source of opium or opium products. The term "opium" includes the thickened juice of the poppy in crude or refined form. The term "opium products" includes all substances obtainable from opium or the opium poppy, except the seed thereof (U. S. C. 21: 188a).

Unlawful production of opium poppy.—It shall be unlawful for any person to produce the opium poppy or to permit its production on any place controlled by him, without first obtaining a license from the Secretary of the Treasury (U. S. C. 21: 188b).

Unlawful purchase, manufacture and sale.—It shall be unlawful for any person who is not a holder of a license issued by the Secretary of the Treasury, to purchase, sell, transfer the opium poppy, or to manufacture, compound, or extract opium or opium products from the opium poppy (U. S. C. 21: 188c).

Unlawful transportation.—It shall be unlawful for any person who is not duly licensed, to send, ship, transport, or deliver any opium poppies in local or interstate commerce, provided that this provision shall be applied to common carriers transporting the goods of duly licensed producers or manufacturers (U. S. C. 21: 188d).

Licenses.—Application for license shall be made to the Secretary of the Treasury who shall issue them to persons qualified as to character, experience, facilities, etc. The number of licenses shall be limited to meet the medical and scientific needs of the United States with due regard for providing reasonable reserves. The Secretary of the Treasury may in his discretion grant a license, and may revoke or refuse to renew if he finds such action in the public interest (U. S. C. 21: 188e).

Opium poppy seed.—It shall be unlawful for an unlicensed person to purchase, sell, or transfer opium poppy seed for the purpose of

opium poppy production; however, seeds may be purchased or sold without a license for ultimate consumption as a spice seed or for the manufacture of oil (U. S. C. 21: 188f).

Seizure and forfeiture.—Any opium poppies which are produced without a license shall be seized and forfeited to the United States. Failure to produce a license, upon demand by an authorized agent of the Secretary of the Treasury shall constitute authority for the seizure and forfeiture of such poppies. Such agent shall have authority to enter upon any land for the purpose of enforcing these provisions, but shall require a search warrant to enter a dwelling. The Secretary of the Treasury is directed to either destroy such seized poppies, or to deliver them for medical or scientific purposes to any agency of the United States Government (U. S. C. 21: 188g).

Crude opium imports.—The Secretary of the Treasury is authorized to limit further or to prohibit entirely the importation of crude opium to the extent that he shall find that the medical and scientific needs of the United States for opium and opium products can be supplied by opium poppies produced in the United States under license (U. S. C. 21: 188h).

Distribution of opium products by Federal Government.—Whenever, in the opinion of the Secretary of the Treasury, the medical and scientific needs of the Nation will not be met by importation or licensed production, it shall be his duty to provide for the acquisition of opium poppy seed, for the production of the opium poppy, for the manufacture of opium or opium products, and for the use, sale, gift, or other proper distribution of such seed, poppies, opium, or its products by the Federal Government (U. S. C. 21: 188i).

Enforcement.—It shall be the duty of the Secretary of the Treasury to enforce this act, and it shall be the duty of other departments and agencies, particularly the Bureau of Plant Industry, Soils, and Agricultural Engineering, in the Department of Agriculture, when requested, to furnish such assistance and will aid the Secretary of the Treasury to carry out this act (U. S. C. 21: 188j).

Territorial application.—The provision of this act shall apply to the several States, the District of Columbia, all Territories and possessions of the United States (U. S. C. 21: 188k).

Penalties for violations.—Violation of this act shall constitute a felony and be punishable by a fine of not more than $2,000 or imprisonment of not more than 5 years or both. Making a false statement in an application for a license shall constitute a misdemeanor and be punishable by a fine of not more than $2,000 or imprisonment for more than 1 year or both (U. S. C. 21: 188l).

Burden of proof.—In an action involving a license under this act, in the absence of the production of an appropriate license by the defendant, it shall be presumed that he has not been licensed and the burden of proof shall be on the defendant to rebut such presumption (U. S. C. 21: 188m).

Regulations.—Regulations No. 7, issued by the Bureau of Narcotics of the United States Treasury Department, are applicable in the enforcement of this act, and are attached herewith. Text of these regulations is also contained in 21 Code of Federal Regulations 203.1–203.16, 204.1.

72280—56——3

INTERNAL REVENUE TAX ON SMOKING OPIUM

Citation: Act of October 1, 1890 (26 Stat. 620, 621, secs. 36, 38, 40); act of March 3, 1897 (29 Stat. 695, ch. 394); act of January 17, 1914 (38 Stat. 277, ch. 10); act of March 3, 1927 (44 Stat. 1382, sec. 4 (a); 53 Stat. 278–279; U. S. C. 26: 4711–4715).

Opium for smoking.—Tax of $300 per pound is levied on all such opium manufactured in the United States, and a bond of $100,000 is required of all such manufacturers. Manufacturers must be citizens of the United States, must file inventories, keep books, and render returns, must display such signs and factory numbers and conduct their business under such surveillance of officers and agents as the Secretary of the Treasury may require (U. S. C. 26: 4711–4713).

Penalty.—A penalty of not less than $10,000 or imprisonment for not less than 5 years or both, shall be imposed for each violation of these provisions (U. S. C. 26: 7238).

Forfeiture.—All opium prepared for smoking wherever found within the United States, without the internal revenue stamps required by these provisions shall be forfeited and destroyed (U. S. C. 26: 4714).

Regulations.—Regulations No. 3, issued by the Bureau of Narcotics, are applicable to the enforcement of these provisions. Texts of these regulations are contained in volume 26 Code of Federal Regulations, part 150.1–150.15.

FALSITY OR LACK OF MANIFEST OF VESSEL

Citation: Act of June 17, 1930 (46 Stat. 748, sec. 584); act of August 5, 1935 (49 Stat. 523, sec. 204); act of July 1, 1944 (58 Stat. 722, sec. 10); act of March 8, 1946 (60 Stat. 39, sec. 9); U. S. C. title 19, section 1584.

Penalty.—If a master of a vessel fails to produce a manifest, he shall be fined $500. If merchandise is found on board which is not included in the manifest, he shall be liable to a penalty equal to the value of the merchandise so found and any such merchandise belonging to the master or crew shall be subject to forfeiture. If any merchandise so found consists of heroin, morphine, cocaine, isonipecaine, or opiates, the penalty shall be $50 for each ounce; if smoking opium or marihuana, $25 per ounce; if crude opium, $10 per ounce.

Lien.—Such penalties shall constitute a lien upon such vessel, and clearance of the vessel may be withheld until penalties are paid or bond is posted.

Common carrier.—The master of a vessel used as a common carrier shall not be liable and the vessel shall not be held subject to the lien, if it appears that neither the master nor the officers, by exercising the highest degree of diligence, could have known that such narcotics were aboard (U. S. C. 19: 1584).

Regulations.—These provisions are administered by the Bureau of Customs and the texts of regulations issued by that Bureau are contained in volume 19, Code of Federal Regulations, part 23.9, and volume 19, Code of Federal Regulations, part 4.7.

CLEARANCE OF VESSELS

Citation: Act of August 5, 1935 (49 Stat. 526, sec. 209); act of June 16, 1938 (52 Stat. 758, ch. 476, sec. 1); Act of September 1,

1954 (68 Stat. 1140 sec. 501 (a)) 1946 Reorganization Plan No. 3 (60 Stat. 1097, secs. 101–104); United States Code title 46; section 91.

Penalty.—If any vessel bound for a foreign port departs from a United States port without a clearance, or if the master delivers a false manifest, or adds cargo to the vessel after having received clearance, and if any part of the cargo consists of narcotic drugs, a penalty of from $1,000 to $5,000 shall be imposed for each offense and the vessel shall be detained in any port of the United States until the penalty is paid or secured (U. S. C. 46: 91).

Regulations.—This provision is administered by the Bureau of Customs and the text of the regulations issued by that Bureau with reference to this provision is contained in volume 19, Code of Federal Regulations, part 4.60.

SEIZURE OF CARRIERS TRANSPORTING CONTRABAND

Citation: Act of August 9, 1939 (53 Stat. 1291, ch. 618), as amended by acts of August 9, 1950 (64 Stat. 427, ch. 655), and of October 31, 1951 (65 Stat. 729, sec. 55 (b)); United States Code, title 49, section 781–788.

Contraband.—It shall be unlawful to transport by means of any vessel, vehicle, or aircraft, any narcotic drug, with intent to sell or offer for sale in violation of any laws or regulations of the United States, or which has been so acquired or so sold, or which has been acquired by theft, robbery, or burglary, and has been transported in interstate commerce, or which does not bear appropriate taxpaid, internal revenue stamps (U. S. C. 49: 781).

Seizure and forfeiture.—Any vessel, vehicle, or aircraft so used in violation of this provision, shall be seized and forfeited. However, no vessel, vehicle, or aircraft, used as a common carrier in such transaction, shall be forfeited under this provision unless it shall appear that the person in charge was a consenting party to the illegal act (U. S. C. 49: 782).

Duties of designated officers.—The Secretary of the Treasury is empowered to designate officers and agents to carry out the provisions of this act, and it shall be the duty of these agents to seize any vessel, vehicle, or aircraft which they shall discover has been or is being used in violation of these provisions, and to place same in the custody of such person as the Secretary of the Treasury shall designate for the purpose (U. S. C. 49: 783).

Application of related laws.—All provisions of law relating to seizure, forfeiture, remission or mitigation of such forfeitures, compromise of claims, etc., shall apply to seizures and forfeitures incurred under these provisions (U. S. C. 49: 784).

Appropriations.—Any appropriation made for enforcement of customs, narcotics, counterfeiting, or internal revenue laws, shall be available for carrying out these provisions (U. S. C. 49: 785).

Construction with other laws.—These provisions shall be supplemental to, and shall in no way impair existing provisions of law imposing fines, penalties, seizures, etc., or authorizing remission or mitigation of such fines, penalties, or forfeitures (U. S. C. 49: 786).

Definitions.—Among other terms defined, the term "narcotic drug" is defined to mean any narcotic drug as defined by the Narcotic Drugs Import and Export Act, the internal revenue laws or regulations; or

marihuana as defined by the Marihuana Tax Act of 1937 or the regulations issued thereunder (U. S. C. 49: 787).

Regulations.—Regulations No. 6, issued by the Bureau of Narcotics, United States Treasury Department, are applicable in the enforcement of these provisions. Texts of these regulations are contained in volume 26, Code of Federal Regulations, parts 153.1–153.10, 466.1–466.3.

PAYMENT TO INFORMERS

Citation: Act of July 3, 1930 (46 Stat. 850, ch. 829); United States Code, title 21, section 199.

The Commissioner of Narcotics is authorized to pay sums of money which he may deem appropriate, for information concerning a violation of any narcotic law of the United States, resulting in a seizure of contraband narcotics (U. S. C. 21: 199).

COOPERATION OF DEPARTMENTS

Citation: Act of June 14, 1930 (46 Stat. 587, sec. 7); United States Code, title 21, section 197.

The Secretary of the Treasury shall cooperate with the Secretary of State in the discharge of the international obligations of the United States concerning the traffic in narcotic drugs (U. S. C. 21: 197).

COOPERATION WITH STATES

Citation: Act of June 14, 1930 (46 Stat. 587, sec. 8; U. S. C. 21; 198).

The Secretary of the Treasury shall cooperate with the several States in suppressing the abuse of narcotic drugs in their respective jurisdictions, and for that purpose he is authorized (1) to cooperate in the drafting of necessary legislation, (2) to arrange for exchange of information concerning the use and abuse of narcotics, and (3) to cooperate in the institution and prosecution of cases in the United States courts and before the licensing boards and courts of the several States (U. S. C. 21: 198).

Regulations.—Regulations No. 4, issued by the Bureau of Narcotics, United States Treasury Department, are applicable in the enforcement of these provisions. The texts of these regulations are contained in volume 21 Code of Federal Regulations, parts 201.8–201.11.

AUTHORITY OF SECRETARY OF TREASURY

Citation: Act of August 11, 1955 (69 Stat. 684 ch. 800, U. S. C. 21:198 (a)–198 (c)).

For the purpose of an investigation, necessary to the enforcement of Federal laws relating to narcotic drugs and marihuana, the Secretary of the Treasury is empowered to administer oaths, subpena witnesses, take evidence, and require production of records. In case of refusal by a person to obey the subpena, the Secretary may invoke a Federal court to compel attendance (U. S. C. 21:198 (a)–198 (c)).

ADVANCEMENT OF FUNDS

Citation: Act of March 28, 1928 (45 Stat. 374, ch. 266, sec. 1); Act of August 7, 1939 (53 Stat. 1262 ch. 566, sec. 1); 1940 Reorganization Plan No. 3 (54 Stat. 1231, sec. 1 (a) (1)); 1950 Reorganization Plan

No. 26 (64 Stat. 1280 secs. 1, 2); United States Code title 31 section 529a.

The Commissioner of Narcotics, with the approval of the Secretary of the Treasury, is authorized to direct the advance of funds by the Fiscal Service, Treasury Department, in connection with the enforcement of the Harrison Antinarcotic Act and the Marihuana Tax Act of 1937 (U. S. C. 31: 529a).

REIMBURSEMENT OF APPROPRIATIONS

Citation: Act of October 20, 1949 (63 Stat. 886, ch. 702; U. S. C. 31:529a).

Money expended from appropriations of the Bureau of Narcotics, Treasury Department, for the purchase of narcotics, including marihuana, and subsequently recovered, shall be reimbursed to the appropriation for enforcement of the narcotics and marihuana law current at the time of the deposit (U. S. C. 31:529a).

CHINA AND CHINESE SUBJECTS

Citation: Act of February 23, 1887 (24 Stat. 409, ch. 210); acts of June 30, 1906 (34 Stat. 814, ch. 3934, sec. 1); Treaty of January 11, 1943 (57 Stat. 767); act of June 25, 1948 (62 Stat. 986, 992 secs. 5, 39); United States Code, title 21, sections 191–193.

Opium importation by Chinese.—Importation of opium into any port of the United States by a subject of China shall be deemed a misdemeanor, punishable by a fine of from $50 to $500 or by imprisonment for from 30 days to 6 months or both (U. S. C. 21: 191).

Forfeiture.—Every package containing opium so imported shall be deemed forfeited to the United States and proceedings for such forfeiture may be instituted in United States courts (U. S. C. 21: 191).

Opium traffic by United States citizens in China.—Importation of opium into an open port of China, transportation of same from one open port to another, purchase or sale of same in any open port of China, by a citizen of the United States shall be deemed a misdemeanor, punishable by a fine of $50 to $100, "or by both such punsihments." Every package containing opium so dealt with shall be forfeited to the United States for the benefit of China (U. S. C. 21:193).

AMERICAN PHARMACISTS IN CHINA ACT

Citation: Act of March 3, 1915 (38 Stat. 817, ch. 74; U. S. C. 21: 201–215).

This law, which provided for the licensing of American pharmacists in China, made it unlawful for any licensed American pharmacist to be a drug addict or to dispense narcotic drugs without a prescription. This prescription must be kept on file for 3 years and shall not be refilled (U. S. C. 21: 203, 207, 208).

EXPORTATION OF NARCOTICS TO PACIFIC ISLANDS

Citation: Act of March 4, 1909 (35 Stat. 1148 secs. 308, 309), superseded by act of June 25, 1948 (62 Stat. 748, sec. 969; U. S. C. 18:969).

A subject of the United States who gives, sells, or otherwise supplies opium, other than for medicinal purposes, to any aboriginal native of any Pacific Island lying between 20° north and 40° south latitude, and

between 120° east and 120° west longitude, and not in the possession or under the control of a civilized power, shall be fined up to $50, or imprisoned up to 3 months or both, and in addition, all opium in possession of the offender shall be confiscated. Such offense shall be deemed committed on a United States vessel on the high seas (U. S. C., 18:969).

CUSTOMS DUTIES

Citation: Tariff Act of May 27, 1930 (46 Stat. 596, 598, pars. 36, 59; U. S. C. 19: 1001). By the act of June 12, 1934, as amended (48 Stat. 943, ch. 474; U. S. C. 19: 1351), the President may enter into foreign trade agreements and modify existing duties. The General Agreement on Tariffs and Trade signed at Torquay, England, effective October 1951, thus modified the duties on coca leaves and opium.

Coca leaves.—Ten cents per pound (U. S. C. 19: 1001, par. 36); 2½ cents per pound under General Agreement (Torquay) (see Summaries of Tariff Information, attached herewith).

Opium containing not less than 8.5 percent of anhydrous morphine, $3 per pound; and opium containing less than 8.5 percent of anhydrous morphine, $6 per pound (U. S. C. 19: 1001, par. 59). Under General Agreement (Torquay) the rates are: $9 per pound of anhydrous morphine content but not less than 90 cents nor more than $1.50 per pound of opium (see Summaries of Tariff Information).

Morphine and its derivatives, $3 per ounce (U. S. C. 19: 1001, par. 59).

Cocaine, ecgonine, and all derivatives, $2.60 per ounce (U. S. C. 19: 1001, par. 59).

Tincture of opium, such as laudanum and other liquid preparations of opium not specifically provided for, 60 percent ad valorem (U. S. C. 19: 1001, par. 59).

IMMIGRATION AND NATIONALITY ACT, 1952

Citation: Act of June 27, 1952 (Public Law 414, 82d Cong.; 66 Stat. 182, 184, 206, secs. 212 (a) (5) (23), 241 (a) (11); U. S. C. 8: 1182 (a) (5) (23), 1251 (a) (11)).

Excludable classes of aliens.—Aliens who are narcotic drug addicts shall be ineligible to receive visas and shall be excluded from admission into the United States (U. S. C. A. 8: 1182 (a) (5)). Any alien who has been convicted of a violation of any law or regulation relating to illicit traffic in narcotic drugs, or to taxing, manufacture, sale, export or import, etc., of narcotic drugs, or any alien who the consular officer or immigration officers have reason to believe has been an illicit trafficker in such drugs, shall be excluded from the United States (U. S. C. 8: 1182 (a) (23)).

Deportable aliens.—An alien shall be deported who is, or at any time after entry has been, a narcotic drug addict, or at any time has been convicted of a violation of any law or regulation relating to illicit traffic in narcotic drugs, or to the taxing, manufacture, sale, export, import, etc., of narcotic drugs (U. S. C. 8: 1251 (a) (11)).

PUBLIC HEALTH SERVICE ACT—REHABILITATION OF ADDICTS

Citation: Acts of July 1, 1944 (58 Stat. 682, ch. 373, secs. 2, 302, 341–345); February 28, 1948 (62 Stat. 38, ch. 83, sec. 1); June 25, 1948 (62 Stat. 1018, sec. 5) act of May 8, 1954 (68 Stat. 79–80, secs. 2–4); U. S. C. 42: 201, 242, 257–261).

Definitions.—The term "habit-forming narcotic drug" includes opium, coca leaves, and their derivatives, among which is morphia, heroin, codeine, and cocaine; Indian hemp and its derivatives; peyote in its various forms; isonipecaine and its derivatives; and opiates as defined in the Harrison Act (U. S. C. 26: 4731 (f)). "Addict" means a person who habitually uses habit-forming narcotic drugs so as to endanger the public morals, health, safety or welfare, or is so far addicted to the use of such drugs as to have lost the power of self-control with reference to his addiction (U. S. C. 42: 201 (j) (k)).

Care and treatment of narcotic addicts.—The Surgeon General is authorized to provide for the treatment of addicts who voluntarily submit themselves for treatment and of addicts convicted of Federal offenses including persons convicted by general courts-martial and consular courts and addicts who are committed from the District of Columbia. Such care and treatment shall be provided at hospitals of the Public Health Service, especially equipped for this purpose, and shall be designated to rehabilitate such addicts (U. S. C. 42:257).

Establishment of industries, etc.—Addicts in hospitals of the Service shall be employed as the Surgeon General may direct. Industries, plants, factories, or shops may be established for the production and manufacture of articles for the Federal Government and a Government establishment may be required to purchase these articles at current market price. The inmates shall be paid for such work. A working-capital fund shall be established out of appropriations for Public Health Service hospitals at which addicts are treated and cared for. The Surgeon General may provide for the disposal of products of such industrial activities and the proceeds of any such sales shall be covered into the Treasury of the United States to the credit of the working-capital fund (U. S. C. 42: 258).

Convict addicts, transfer to and from hospitals.—Addicts who are convicted of offenses against the United States shall be transferred to such hospitals of the Service unless the convict is not a proper subject for such an institution, either because of the nature of the crime which he has committed or because of his apparent incorrigibility. Any addict whose presence at a hospital is detrimental to the well-being of the hospital shall be retransferred. No convict addict shall be granted parole or commutation allowance for good behavior or for employment in industry, unless he is no longer an addict. A convict addict who is subject to deportation upon completion of his sentence, shall be deported by the proper authority. Upon completion of his sentence, a convict who has not yet been cured, may submit himself voluntarily for further treatment. A court, in putting a defendant on probation, may impose as one of the conditions of probation, if defendant is an addict, that he submit himself for treatment at a Public Health Service hospital (U. S. C. 42: 259).

Voluntary patients.—An addict may submit himself voluntarily to a Service hospital for treatment and may be admitted at the discretion of the Surgeon General provided he agrees to submit for treatment for the maximum length of time estimated by the Surgeon General as necessary to effect a cure. Such an addict may be required to pay for his subsistence care and treatment, amounts so paid to be turned into the United States Treasury. An addict thus admitted shall not forfeit any of his rights as a citizen, nor shall such admission be used against him in any court proceeding; and the record of his voluntary commitment shall be confidential and shall not be divulged (U. S. C. 42: 260).

Penalties.—Illicit introduction of habit-forming narcotic drugs or any other contraband article upon the grounds of any hospital of the Service at which addicts are treated shall be deemed a felony punishable by imprisonment for not more than 10 years. It shall be illegal for any person committed to such a hospital, to escape therefrom, and such escape shall be punished by an additional sentence of not more than 5 years. A person who aids such an escape shall be imprisoned for not more than 3 years (U. S. C. 42: 261).

Studies and investigations.—The Surgeon General shall conduct, aid, encourage, and coordinate research with respect to narcotics. The studies and investigations shall include the use and misuse of narcotic drugs and the quantities of narcotics and reserves of same, which are necessary to meet the normal and emergency medicinal and scientific needs of the United States. He shall submit an annual report of his findings to the Secretary of the Treasury. The Surgeon General shall cooperate with the States and aid them in solving their narcotic drug problems and in rehabilitating their narcotic drug addicts (U. S. C. 42: 242).

Release of patients.—An individual shall be deemed cured of his addiction and rehabilitated if the Surgeon General determines that he has received the maximum benefits of treatment and care by the Service for his addiction or if the Surgeon General determines that his further treatment and care for such purpose would be detrimental to the interests of the Service (U. S. C. 42: 261 (a)).

Regulations.—Regulations to enforce these provisions are issued by the Public Health Service and are contained in 42 Code of Federal Regulations 33.1–33.8. A copy of their regulations, accompanied by the required blank forms, is attached herewith.

PART III

OUTLINE SUMMARY OF FEDERAL ENFORCEMENT AGENCIES AND THEIR DUTIES

BUREAU OF NARCOTICS

Establishment.—The act of June 14, 1930 (46 Stat. 585; U. S. C. 5:282–282a), created in the Treasury Department a Bureau known as the Bureau of Narcotics, the law providing that the Commissioner of Narcotics shall be in charge thereof and perform such duties in respect to its activities as are prescribed by the Secretary or required by law.

Administration of narcotic laws.—The Bureau of Narcotics, under the Commissioner, supervises the administration of those sections of the Internal Revenue Code relating to narcotic drugs and marihuana, the Opium Poppy Control Act of 1942, and related statutes, including the administration of the permissive features of the Narcotic Drugs Import and Export Act. It cooperates with the Bureau of Customs in enforcing prohibitive features of the latter act.

Enforcement, and issuance of narcotic import and export permits.—It is charged with the investigation, detection, and prevention of violations of the Federal narcotic and marihuana laws, and the Opium Poppy Control Act of 1942. It issues permits to import the crude narcotic drugs and to export drugs and preparations manufactured therefrom under the laws and regulations, and determines the quantities of narcotic drugs to be manufactured in the United States for medical purposes. The Bureau also has the authority to issue licenses for production of poppies and for the manufacture of opium products therefrom, under the Opium Poppy Control Act of 1942, whenever such production and manufacture become necessary to supply medical and scientific needs.

Determination of narcotic import quotas.—In cooperation with the Public Health Service, the Bureau of Narcotics determines the quantities of crude opium and coca leaves to be imported into the United States for medical and scientific uses.

Cooperation with States and foreign countries.—It cooperates with the Department of State in the discharge of the international obligations of the United States concerning the traffic in narcotic drugs and with the several States in the suppression of the abuse of narcotic drugs and marihuana in their respective jurisdictions.

District offices.—The Bureau of Narcotics has 14 district offices within the United States, 1 in the Territory of Hawaii, and 1 in Europe, located as follows:

District	Headquarters
No. 1. Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut.	Boston, Mass.
No. 2. New York State and the fifth internal revenue collection district of New Jersey.	New York, N. Y.
No. 3. Delaware, New Jersey (except fifth internal revenue district), Pennsylvania.	Philadelphia, Pa.
No. 5. District of Columbia, Maryland, North Carolina, Virginia, West Virginia.	Baltimore, Md.
No. 6. Alabama, Florida, Georgia, South Carolina	Atlanta, Ga.
No. 7. Kentucky, Tennessee	Louisville, Ky.
No. 8. Michigan, Ohio	Detroit, Mich.
No. 9. Illinois, Indiana, Wisconsin	Chicago, Ill.
No. 10. Texas, Louisiana, Mississippi	Dallas, Tex.
No. 11. Arkansas, Kansas, Missouri, Oklahoma	Kansas City, Mo.
No. 12. Iowa, Minnesota, Nebraska, North Dakota, South Dakota	Minneapolis, Minn.
No. 13. Colorado, Utah, Wyoming, New Mexico	Denver, Colo.
No. 14. California, Nevada, Arizona	San Francisco, Calif.
No. 15. Washington, Oregon, Idaho, Montana, Alaska	Seattle, Wash.
No. 16. Hawaii	Honolulu, T. H.
No. 17. Europe and Middle East	Rome, Italy.

Source.—United States Government Organization Manual 1955–56 (pp. 108–109).

BUREAU OF CUSTOMS

Establishment.—The origin of the Customs Service may be traced back to 1789. The first machinery for the collection of import duties and enforcement of laws relating to importations was established by the act of July 31, 1789 (1 Stat. 29). The Customs Service was created as the Bureau of Customs in the Treasury Department by the act of March 3, 1927 (44 Stat. 1381; U. S. C. 5:281).

Offices of the Bureau of Customs.—The Bureau of Customs maintains offices in the principal cities of the United States as well as at all major seaports and border ports. This Bureau also maintains offices in Habana, Cuba; Mexico City, Mexico; Montreal, Canada; London, England; Paris, France; Milan, Italy; Frankfurt, Germany; Antwerp, Belgium; Hong Kong, British Crown Colony; and Tokyo, Japan. Customs investigators stationed at the foreign offices develop sources of information on violations of laws enforced by the Treasury Department and cooperate with foreign authorities in the suppression of smuggling operations.

General duties.—The Bureau of Customs, under the Commissioner, administers powers and duties vested in the Secretary of the Treasury pertaining to the importation and entry of merchandise into and the exportation of merchandise from the United States, and the regulation of certain marine activities.

Collection of duties and law enforcement.—The Bureau's principal function is the assessment and collection of import duties and, incident to this, the prevention of smuggling, including the smuggling of contraband, such as narcotics. The Bureau cooperates with other Government agencies in enforcing the preventive, sanitary, and other laws relating to articles brought into the United States and in some cases to outgoing articles. It maintains a service which investigates smuggling activities, compliance with the customs and navigation laws, and such administrative matters as may require investigation.

Cooperation with Bureau of Narcotics.—In connection with the export-control program, the Bureau of Customs is charged with inspection of all export declarations and permits presented as a pre-

requisite to export in order to insure compliance with the licensing provisions of several Government agencies, among which is the Bureau of Narcotics. When deemed necessary, an actual examination of exported articles is made by customs officers to insure compliance with export control regulations. The customs investigative unit conducts field investigations of suspected irregular exports.

Source.—United States Government Organization Manual 1955–56 (pp. 99–101).

The following information was supplied by the Bureau of Customs, showing in greater detail their functions regarding narcotics.

The laws and regulations pertaining to narcotics are enforced by the Customs Service, and in particular by its investigative arm, the Customs Agency Service. In brief, the jurisdiction of the Customs Service over narcotics covers everything involving their importation or exportation, licit or illicit, though licenses for licit movement are issued by the Bureau of Narcotics.

The main function of the Customs Service in respect to narcotics is not one of administering regulations, but simply one of preventing smuggling. Their powers and duties in this line, which cover narcotics as well as any other merchandise, are set forth in title 19 of the United States Code, section 1581, which authorizes customs officers to board vessels and other vehicles and search them. The criminal penalty provided in title 18 of United States Code, section 545 for smuggling goods into the United States is frequently invoked.

The specific place of the Customs Agency Service in this picture is set forth in section 27.58 of the Customs Manual of 1943. In actual fact this means that, except for minor seizures, the Customs Agency Service is concerned in every narcotic case involving customs. Where advance information of a possible violation is received it is turned over to a customs agent, who investigates and develops it, and frequently makes the actual seizure. Likewise all investigations after seizure, whether the seizure be made by a customs agent or another customs officer, is performed by the Customs Agency Service, which assembles all available evidence, presents the matter to the United States attorney, and assists him in the trial of the case.

Every customs officer is charged by law, as well as by specific Treasury directives, with the prevention of smuggling, including the smuggling of narcotics. In practice, however, some officers are by the nature of their duties in a better position than others to detect violations. In the collectors' staff, two assignments which give such opportunity are that of inspector examining baggage and vehicles, and that of port patrol officer attending a pier or waterfront district. Both types of duty result in a good many seizures, effected in carrying out general assignments. However, most of the seizures made under such conditions are small. The smuggler of narcotics in commercial quantities is generally sufficiently clever and experienced, and lays his plans with sufficient care so that intercepting his shipments and effecting his apprehension usually requires considerable detective work over quite a period of time. Such work is carried out by the Customs Agency Service, as described above.

Customs agents are all career civil service officers. They are selected for their positions because of a demonstrated aptitude for investigative and enforcement work, and all of them attend one of

the enforcement schools conducted periodically by the Treasury Department.

A number of men engaged in narcotic prevention work varies according to locality and conditions. For example, in San Francisco and Los Angeles, one man in each office spends most of his time on such duties, or two other men part time, and during the development of important cases all the men may spend practically full time on that work. In Honolulu, both men spend a good deal of their time on narcotics. In San Diego only the agent in charge has to devote much time to this subject, but in San Ysidro and Calexico all the men are employed on it practically full time.

These men are specialists, informed not only on narcotics and narcotic offenders, but also on the international traffic and the way in which it moves. The success of their work depends on the acquisition and evaluation of all possible leads and the active development of all that appear promising. Some of the information processed is supplied gratis by public-spirited citizens; some of it, when its worth has been established, is paid for with funds appropriated by Congress for that purpose; and some of it is received from officers and other enforcement agencies, Federal, State, county, and municipal.

The suppression of the narcotic traffic demands the closest cooperation between these agencies. Frequently, for instance, officers of the Federal Bureau of Narcotics, or of a sheriff or local police force, in carrying out their internal preventive duties, will obtain leads as to the origin of the narcotics, which officers of the Customs Agency Service can proceed to exploit. On the other hand, in several instances, customs officers as an assistance to local police forces, went to considerable time and trouble, and some expense, in working up smuggling cases against numerous minor peddlers who were making themselves a nuisance in certain border cities. A good many cases, in fact, which are of interest to both the customs and other agencies, are worked as joint operations throughout. This has the advantage not only of pooling all available information, but of augmenting the manpower which can be concentrated on the job.

Regulations.—The Bureau of Customs has issued a regulation regarding narcotic drugs, which is contained in 19 Code of Federal Regulations 12.36 and which reads as follows: "The importation and exportation of narcotic drugs are governed by regulations of the Bureau of Narcotics (21 C. F. R., pt. 202). Customs officers and employees shall perform all duties imposed upon them by such regulations and the laws under which they are issued. Such regulations are in addition to and not in lieu of, the customs, internal revenue, and other pertinent laws and regulations.

PUBLIC HEALTH SERVICE

The powers and duties of the Public Health Service with regard to narcotics, are contained in the Public Health Service Act of July 1, 1944 (58 Stat. 682, secs. 2, 302, 341–345, as amended; U. S. C. 42: 201, 242, 257–261).

The Service cooperates with the Bureau of Narcotics in determining the quantities of crude opium and coca leaves to be imported into the United States for medical and other legitimate uses.

The duties concerning narcotic addicted prisoners and voluntary patients, are vested in the Surgeon General. He is authorized to provide treatment for such persons at hospitals of the Public Health Service, especially equipped for this purpose, with a view to rehabilitate such addicts. He shall designate industries and supporting activities, to which prisoners may be regularly assigned by the medical officer in charge, and which may form the basis for industrial good time allowances. An individual shall be deemed cured of his addiction and rehabilitated if the Surgeon General determines that he has received the maximum benefit of treatment and care by the Service for his addiction or if the Surgeon General determines that his further treatment and care for such prupose would be detrimental to the interest of the Service.

Sources.—United States Government Organization Manual 1955–56 (p. 108; 42 C. F. R., secs. 33.1 to 33.8).

PART IV

SUMMARY OF STATE AND CERTAIN MUNICIPAL NARCOTIC LAWS IN EFFECT

NEED FOR UNIFORM STATE LAWS RELATING TO NARCOTIC CONTROL

At a meeting of the National Conference of Commissioners on Uniform State Laws, held in Washington, D. C., in 1932, the Uniform State Narcotic Act was approved and adopted. It consists of 26 sections which define "narcotics"; forbids the illegal manufacture, possession, or dispensing of drugs; allows certain individuals to dispense them under State supervision; requires the keeping of records; and prescribes standards of labeling. It allocates enforcement responsibilities, provides penalties, and sets up a certain amount of liaison between police agencies and the board or officials who license pharmacists, doctors and other legal dispensers. Like the Federal statutes, it provides for order forms and restricts dispensing by pharmacists and doctors.

Forty-three States have adopted the Uniform Narcotic Drug Act, and three States (California, Massachusetts, and Pennsylvania) have enacted laws which are comparable to the act in scope and effectiveness. The States which have not adopted comparable provisions—Kansas and New Hampshire—nevertheless have antinarcotic laws on their statute books. In the case of Kansas, the narcotic laws are sparse and sketchy, and those of New Hampshire lack most of the stringent provisions of the Uniform Narcotic Drug Act. Every State makes unauthorized possession sufficient for conviction.

BRIEF OUTLINE OF THE UNIFORM NARCOTIC DRUG ACT AS AMENDED

The following summary of the Uniform Narcotic Drug Act, as amended, sets forth in brief the provisions included in the 26 sections of the act:

Definitions (sec. 1)

Among the 18 terms defined in this section are the following:

"Cannabis" includes all parts of the plant *Cannabis Sativa L*, whether growing or not; the seeds thereof; the resin; and every compound, derivative, etc., of every part; but shall not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds, any compound, derivative, etc., of such mature stalks, or the sterilized seed of such plant which is incapable of germination.

"Narcotic drugs" means coca leaves, opium, cannabis, and every other substance neither chemically nor physically distinguishable from them; any other drugs to which Federal narcotic laws may now apply; and any drug duly found by the Commissioner of Health to have an addiction forming or addiction-sustaining liability.

Prohibited acts (sec. 2)

It shall be unlawful for any person to manufacture, possess, sell, prescribe, administer, etc., any narcotic drug except as authorized by this act.

Manufacturers and wholesalers (sec. 3)

No person shall manufacture, produce, or sell at wholesale any narcotic drugs without a license from the proper State officer.

Licensing (sec. 4)

No license shall be issued until applicant proves that he is of good moral character and has suitable facilities for carrying on the business for which the license is requested; and no license shall be issued to any person who has within 5 years been convicted of violating a Federal or State narcotic law. A license may be suspended or revoked for cause.

Sale or written orders (sec. 5)

(1) A duly licensed manufacturer or wholesaler may sell, on official written orders, to a manufacturer, wholesaler, pharmacist, physician, dentist, veterinarian, hospital, and laboratory;

(2) On a special written order accompanied by a certificate of exemption, as required by the Federal narcotic laws (U. S. C. 26: 3222(b), 3232(b)), to a Federal, State, or municipal employee purchasing, possessing, or dispensing narcotic drugs in his official capacity; on a special order form approved by the United States Public Health Service, to proper officer of ship or aircraft for actual medical need of persons aboard when not in port; and to a person in a foreign country if the provisions of the Federal narcotic laws are complied with.

(3) An official written order shall be signed in duplicate, the original to go to the seller, the duplicate to the buyer, to be kept by each and to be accessible for 2 years.

(4) Possession or control authorized by this section shall be lawful if in the regular course of duty, business, profession, or employment.

(5) Use other than in the scope of employment or official business for scientific or medicinal purposes, shall be illegal.

Sale by apothecaries (sec. 6)

A pharmacist, in good faith, may sell or dispense narcotic drugs upon the properly written prescription of a physician, dentist, or veterinarian. Prescription must bear the registry number (under Federal narcotic laws) of person prescribing, must be kept on file for 2 years, and shall not be refilled.

On an official written order, a pharmacist may sell his stock of narcotics to a manufacturer, wholesaler, or other apothecary; or in quantities not exceeding certain specifications, to a physician, dentist, or veterinarian.

Professional use (sec. 7)

(1) Physician or denstist, in course of his practice, may prescribe, administer, and dispense narcotics or he may cause same to be administered by a nurse or interne under his supervision.

(2) Veterinarians, in the course of his practice, and not for use by a human being, may prescribe, administer, and dispense narcotic drugs, and may cause them to be administered by an assistant or orderly under his supervision.

(3) Unused drugs dispensed by physician, dentist, or veterinarian for administration to patient, must be returned to dispenser when no longer required by patient.

Preparations exempted (sec. 8)

Except as specially provided, this act shall not apply to the administering, dispensing, or selling at retail any medicinal preparation which, as one of its ingredients, contains not more than 1 grain of codeine nor more than one-sixth grain of dihydrocodeinone or any salts of either, per ounce.

Records (sec. 9)

All persons buying, selling, or dispensing narcotic drugs shall keep accurate records on file, to be accessible for 2 years from date of transaction recorded.

Labels (sec. 10)

Whenever a manufacturer or wholesaler sells narcotic drugs, he must label the package so as to show, among other things, the quantity, kind, and form of narcotic drug contained in the package. A pharmacist, when dispensing narcotic drugs on a prescription must label the package so as to show among other things, his registry number, and the registry number of the prescriber. Such label must not be altered, defaced, or removed.

Authorized possession (sec. 11)

A person obtaining narcotics under a proper prescription, may lawfully possess it only in the original container in which it was delivered to him.

Persons and corporations exempted (sec. 12)

The provisions of this act restricting possession and control of narcotic drugs shall not apply to common carriers or warehousemen, or their employees while engaged in lawfully transporting or storing narcotics; or to public officers and employees in the performance of their official duties.

Common nuisances (sec. 13)

Any place which is resorted to by narcotic addicts for the purpose of using narcotic drugs, or from which drugs are illegally sold, shall be deemed a common nuisance. No person shall maintain such a common nuisance.

Forfeiture (sec. 14)

All narcotic drugs, the lawful possession of which, or the title to which is not established, which have come into the custody of a peace officer shall be forfeited by certain specified procedure.

Revocation of License (sec. 15)

Upon conviction of a licensed or registered person, the licensing board shall be notified. The court may, in its discretion, suspend or revoke the license or registration of the convicted defendant to carry on his business or profession. Upon application and for good cause, said board may reinstate such license or registration.

Confidential status of records (sec. 16)

All records required by this act shall be open for inspection only to Federal, State, county, and municipal officers enforcing this act, but

no officer shall divulge any knowledge thus acquired except in connection with a proceeding in a court or a hearing before a board.

Fraud or deceit (sec. 17)

No person shall obtain a narcotic drug by fraud, deceit, forgery, or other unlawful means. Information communicated to a physician in an effort to procure a narcotic drug unlawfully, shall not be deemed a privileged communication. No person shall make a false statement either in prescribing or obtaining narcotics. No person shall forge a prescription or label for narcotics.

Burden of proof (sec. 18)

The burden of proof shall be on the defendant to prove an exception, excuse, proviso, or exemption.

Enforcement and cooperation (sec. 19)

It is the duty of a designated State board and all peace officers within the State and of all county attorneys to enforce this act and to cooperate with all Federal and State agencies, and with agencies of all other States engaged in enforcement of narcotic laws.

Penalties (sec. 20)

Penalty provisions are left blank, so that each State may enact provisions which would be in harmony with its penal laws. Provision is made, however, for increased penalties for repeated offenders.

Double jeopardy (sec. 21)

No person shall be prosecuted under State law for the same offense for which he was either convicted or acquitted under Federal law.

Severability of provisions (sec. 22)

The provisions of this act are declared to be severable so that a possible invalidity of one provision will not invalidate the other provisions.

Interpretation (sec. 23)

This act shall be so construed as to effectuate its general purpose which is, to make uniform the laws of all States which adopt it.

Inconsistent laws repealed (sec. 24)

All acts or parts of acts which are inconsistent with the provisions of this act are hereby repealed.

Name of act (sec. 25)

This act may be cited as the Uniform Narcotic Drug Act.

Effective date (sec. 26)

Each State enacts its own effective date.

STATE MODIFICATIONS OF THE UNIFORM NARCOTIC DRUG ACT

Various States have modified the act on adopting it, and the term "uniform" does not by any means connote exact equality among the States' laws. For example, penalties imposed by the various States for the illegal sale of drugs vary considerably. The maximum sentence for peddling drugs in Montana is 6 months on a first offense, while Tennessee allows imprisonment for 15 years, and Arizona 25 years and a $50,000 fine. It should be noted, however, that Arizona has virtually no facilities or provisions for enforcing its narcotics laws. It is almost entirely dependent on the Federal Bureau of Narcotics.

Penalties for possession and transportation of drugs range from 180 days' imprisonment and $100 fine for a first offense in Indiana (with a $1,000 fine and 10 years for a second offense) to 10, 20, and 40 years in Michigan. Most States have a penalty of roughly 5 years for a first offense, 10 years for a second, and 25 for a third. In Texas the maximum penalty is life imprisonment.

After passage of the Boggs Act in 1951, many States followed suit by legislating "little Boggs Acts" to strengthen penalties and prohibit probation and suspension for repeating offenders.

The following States have enacted penalty provisions similar to those contained in the Federal law: Alabama, Colorado, Delaware, Georgia, Indiana, Iowa, Kentucky, Maryland, Minnesota, Nebraska, New Jersey, Pennsylvania, Tennessee, Virginia, West Virginia, Wyoming, and the Territory of Alaska. In September 1955 Ohio enacted a new State law making the minimum penalty 20 years for the sale of narcotics.

Connecticut, Illinois, Michigan, New York, Utah, Washington, and Wisconsin have adopted amendments to their respective narcotic drug laws to provide rather severe penalties, but the provisions are not uniform or identical with the penalty provisions now applicable under the Federal narcotic and marihuana laws. A detailed breakdown of State laws relating to penalties for sale, possession, and sale to minors of narcotics is included in part I, pages 300–301, of our printed hearings.

The Uniform Narcotics Drug Act omits any provision for the commitment, care, and treatment of addicts because these were felt to be strictly within the province of the individual States. These provisions are discussed in a subsequent section of this report.

Provisions with regard to search and seizure procedures were also omitted from the act because they were considered to be a matter for State determination.

In only about one-third of the 48 States is narcotics addiction an offense. Some States make it a misdemeanor, and some a felony—again no uniformity. Addiction has been an offense in some States for periods up to 46 years, as is true in Washington, or for as little as 1 year, as in Nevada and Oklahoma. As further examples, laws against addiction were passed in Wisconsin and Oregon in 1923, in Guam in 1933, Mississippi in 1936, Michigan in 1952, and in Texas in 1955. Some States, such as Delaware, North Carolina, New Jersey, Maryland, and New York have added sections regulating the possession of hypodermic syringes and needles.

Again, State laws reflect a regrettable lack of uniformity in the penalties assessed for drug addiction. Oklahoma provides 6 months' imprisonment; California, Michigan, Missouri, Nevada, and Washington give 1 year; Wisconsin gives 2; and Oregon imposes a 5-year penalty and a $5,000 fine.

In 1953 the State of Texas enacted a so-called "addict" law similar to one which has been effective in Kentucky. According to this law it is unlawful to habitually use narcotic drugs, be addicted to the use of narcotic drugs, or be under the influence of narcotic drugs. It is provided, however, that the law shall not apply to any person having a medical need for narcotics and who obtained them in a lawful manner. The penalty for violation of this law allows imprisonment up to 3 years. The court, however, may grant probation upon condition that the probationer enter a hospital approved by the court and

remain there until discharged by medical authorities as cured. Several addicts have been handled under the provisions of this new law and have plead guilty to being addicted to the illegal use of narcotics and have entered hospitals for treatment. A person convicted of being addicted to narcotics can be sentenced to a maximum of three years and probated if he agrees to enter a hospital. In its 1955 session the Indiana State Legislature passed an "addict" bill which was later pocket-vetoed by the Governor.

New Jersey, which has what the Bureau of Narcotics describes as a model set of narcotics laws, passed a law in 1952 requiring the registration of all persons convicted of crimes involving narcotics within 10 years prior to the passage of the act, if they intend to remain in New Jersey as long as 24 hours. They are required to give a complete written statement as to name, alias, arrests, convictions, penal institutions served in, and places of residence. They are photographed and fingerprinted, and this data is sent to local and State police agencies.

Another section of the New Jersey narcotic laws provides that an addict may be given 1 year as a disorderly person. The judge may suspend sentence if the addict submits to hospitalization. Penalties provided in the law are broader in range and more severe than those in the Federal law, i. e. 2 to 15 years for the first offense, 5 to 25 for the second, and 10 to life for the third, with an added provision of 2 years to life for any offense where a minor is involved.

This brief summary of variation among the States in adapting the Uniform Narcotics Act to their own individual needs is by no means comprehensive, but is intended to show directional tendencies among certain States.

The opinions of the State attorneys general were solicited by the committee as to the adequacy of their State narcotic laws, among other things. Their replies are summarized in the following table.

	Are your State laws adequate?	Are high penalties a deterrent?	Are the penalties in your State laws adequate?
Alabama	Yes	No	Yes.
Arkansas	Yes	Yes	Yes.
Colorado	Yes	Yes	Yes.
Connecticut	Yes	No	Yes.
Florida	Yes	No	Yes.
Indiana	Yes	Yes	Yes.
Iowa	Yes	Yes	Yes.
Kansas*	No	No	No.
Maine	Yes	Yes	Yes.
Maryland	Yes	Yes	Yes.
Mississippi	Yes	Yes	Yes.
Missouri	Yes	Yes	No.
Montana	Yes	Yes (for pushers) No (for addicts)	Yes.
Idaho	Yes	Yes	Yes.
Nevada	Yes	Yes	Yes.
New Hampshire	Yes	Yes	Yes.
New York	No	Yes	Yes.
North Carolina	Yes	Yes	Yes.
North Dakota	Yes	Yes	Yes.
Oregon	Yes with certain reservations about the present overall system of narcotic control.	No	Yes.
Utah	Yes	Yes	Yes.
Vermont	Yes	Yes	Yes.
Virginia	Yes	No	Yes.
Alaska	Yes	Yes	Yes.
Guam	Yes	Yes	No.
Hawaii	No	Yes	No.

LOCAL NARCOTIC REGULATIONS

In addition to State narcotic laws, many localities have their own antinarcotic ordinances. In most cases, these follow the same pattern of the State and Federal laws relating to sale and possession of narcotic drugs. In an attempt, however, to facilitate the apprehension of addicts and traffickers, many cities have supplemented the usual laws with ordinances applying a variety of controls. For example, several cities have recently adopted ordinances prohibiting the possession of a hypodermic syringe and needle except pursuant to the certificate of a licensed medical doctor. Several cities make it an offense for any person under the influence of narcotic drugs to drive an automobile. Other cities have defined "vagrancy" or "disorderly conduct" to mean any person who habitually uses or is addicted to narcotic drugs.

The Detroit mayor's committee for the rehabilitation of narcotic addicts has proposed an ordinance which would make addiction itself punishable by a 90-day sentence with imposition of another 90-day sentence for each subsequent conviction.

Chicago has an ordinance which requires narcotic addicts to register with the department of registration and education. This law went into effect in June 1953. From that time through November 1, 1955, only 2,017 addicts of the estimated 8,000 to 10,000 addicts in Chicago, however, had registered.

STATE AND LOCAL ENFORCEMENT AGENCIES

Narcotic enforcement at the State and local level is not merely a duplication of Federal enforcement on a smaller scale. Primarily, State enforcement is directed at removing addicts from the streets, prosecuting intrastate pushers and peddlers, whereas Federal officials concentrate on combatting smuggling and interstate traffic. In actual practice, however, States and Federal officials work together in close cooperation in (1) apprehension of narcotic violators; (2) prosecuting them under the State or Federal law, which ever may be more severe if such action seems warranted; and in (3) making use of the more liberal State provisions relating to search and seizure.

Only a minority of the States have any kind of special appropriation for the enforcement of their laws. California appropriates about $400,000, Illinois $155,000, Oklahoma $27,000, Iowa $12,700, Montana $8,000, North Carolina $8,000. These do not include appropriations by counties or municipalities. In most cases these State appropriations are not by any means commensurate with the incidence of narcotics violations reported in those States by the Federal Bureau of Investigation. In about three-fourths of the States the attorneys general are not charged by law with the enforcement of narcotics statutes; and, even where State agencies are set up to do so, they generally do not attempt to coordinate the enforcement efforts of their cities and counties. Consequently there is much variation in the intensity of enforcement even within a given State.

Almost unanimously, the attorneys general of the several States believe that cooperation between the Federal and State government is seriously hampered by the simple lack of adequate personnel on

both levels, which by the nature of the problem means trained personnel, since officers on narcotics details cannot function with any degree of efficiency unless trained for that purpose and allowed to devote full time to it.

According to records in the Bureau of Narcotics, narcotic-enforcement personnel in States totals 85, and total city assigned personnel is 527 for a total of 612 non-Federal narcotic-enforcement personnel. The following table shows the number of narcotic-enforcement personnel in States and cities.

Narcotic enforcement personnel in States and cities

STATE ENFORCEMENT PERSONNEL

California	35	North Carolina	2
Connecticut	2	Oklahoma	2
Florida	6	Pennsylvania	13
Kentucky	5	Rhode Island	2
Michigan	1	Tennessee	1
New Jersey	6	Texas	4
New York	6		

CITY NARCOTICS SQUADS OR DIVISIONS

Baltimore, Md	9	Milwaukee, Wis	4
Buffalo, N. Y	8	Newark, N. J	6
Chicago, Ill	58	New Orleans, La	8
Cleveland, Ohio	8	New York, N. Y	200
Culver City, Calif	3	Oakland, Calif	3
Dallas, Tex	5	Pittsburgh, Pa	8
Detroit, Mich	17	Philadelphia, Pa	8
Honolulu, T. H	3	San Antonio, Tex	6
Indianapolis, Ind	4	San Bernardino, Calif	4
Long Beach, Calif	6	San Diego, Calif	6
Los Angeles, Calif	48	San Francisco, Calif	8
Los Angeles County, Calif., sheriff's office	29	Washington, D. C	10

OTHER CITIES AND COUNTIES WITH ONE OR TWO MEN ASSIGNED

Akron, Ohio	2	Phoenix, Ariz	1
Atlantic City, N. J	1	Portland, Oreg	2
Boston, Mass	2	Providence, R. I	2
Burbank, Calif	2	Riverside, Calif	1
Cincinnati, Ohio	2	Riverside County, Calif., sheriff's office	2
Columbus, Ohio	2	San Diego County, Calif., sheriff's office	2
Compton, Calif	2	San Joaquin County, Calif., sheriff's office	2
Corpus Christi, Tex	1	Santa Barbara, Calif	1
Cranston, R. I	2	Santa Monica, Calif	2
Dayton, Ohio	2	Stockton, Calif	2
Fort Worth, Tex	2	Ventura County, Calif., sheriff's office	1
Fresno, Calif	2	Westchester County, N. Y., sheriff's office	1
Fresno County, Calif.:		White Plains, N. Y	1
District attorney's office	1	Youngstown, Ohio	2
Sheriff's office	2	Santa Barbara County, Calif., sheriff's office	1
Houston, Tex	2		
Jacksonville, Fla	1		
Louisville, Ky	2		
Memphis, Tenn	2		
New Rochelle, N. Y	2		
Orange County, Calif., sheriff's office	1		

STATE LAWS RELATING TO NARCOTIC EDUCATION

A survey conducted among the State attorneys general of 23 States and 4 Territories made by the committee in 1955 revealed that 14 States of these 23 States have laws requiring that instruction on the dangers of narcotics and drug addiction be given pupils in the public schools. These States are West Virginia, Louisiana, Alabama, Arkansas, Colorado, Connecticut, Indiana, Iowa, Maryland, Montana, Idaho, New York, Texas, and North Carolina.[1] The State of Kansas formerly had a law which required that the public schools give instruction to pupils on the danger of narcotics and drug addition. However, this law was repealed by the 1953 legislature.

State officials, despite legislative sanction in those States where it exists, are far from unanimous in their evaluation of narcotic education as a deterring factor in juvenile use of drugs. As stated by Attorney General Fred S. LeBlanc of the State of Louisiana:

> Thought is divided in this State as to whether it would benefit the uninformed intelligent student or whether it would cause through curiosity the emotionally unstable pupil to "try it out" similar to the boy who will smoke corn shucks out in the shed or to the girl who will smoke cigarettes under the "gang-stimuli" believing she is doing something smart.

In most cases, where narcotic education is undertaken by the school, it has been a part of the health, hygiene, or general science courses and in rare cases it has been included in the physical education program.

STATE LAWS RELATING TO TREATMENT OF ADDICTS

The greatest disparity among the States' laws on narcotics is found in the various statutes dealing with the incarceration and treatment of addicts. To be a narcotics addict is not a criminal offense under Federal law, which merely defines the term in order to provide for the commitment of addicts to Federal hospitals for treatment on a voluntary basis, or prescribes confinement of certain addicts convicted of other Federal violations. Emphasis is now being given to the need for uniform compulsory treatment legislation.

A startling number of those States which have legislated against drug addiction and prescribed mandatory treatment have failed to provide even the minimum facilities required for treating addicts. California is an exception, having 8 State hospitals and 12 approved private hospitals for that purpose. New Jersey, on the other hand, which has a "model" narcotics code, has no facilities. In some States addicts may be sent to State mental hospitals, but these hospitals are not equipped to treat narcotics patients.

Most States do not have any set procedure for the commitment of addicts to Federal hospitals, and the Federal narcotics hospitals accept patients from the States on a very limited quota. When addicts are committed to the Federal hospitals on court order from the States, there is nothing to hold them there, because under the Federal voluntary-treatment law they cannot be detained against their will.

[1] Other States covered by the survey which do not have narcotic-education laws are: Kansas, Mississippi, Missouri, Nevada, New Hampshire, North Dakota, Oregon, Utah, Vermont, Territories of Alaska, Guam, Hawaii, and Puerto Rico.

PART V

SUMMARY OF STATE AND DISTRICT OF COLUMBIA LEGISLATION RELATING TO THE TREATMENT OF DRUG ADDICTION [2]

ALABAMA

At the time of the adoption of the Uniform Narcotic Drug Act in 1935 a procedure was established whereby habitual users of narcotic drugs could be committed to a hospital for care and treatment. The care and treatment must be "designed to rehabilitate them and restore them to mental and physical health."

Any person claiming to have knowledge of the facts that a person is an addict so as to endanger the public welfare may file a verified affidavit with the solicitor of the judicial circuit in which the addict may be found. The solicitor is directed to issue and have served a notice of a hearing before the judge of jurisdiction. The judge shall hear evidence and appoint a commission of two physicians to examine the addict. The judge upon being satisfied that the allegations in the affidavit are true shall issue an order requiring the person to take and continue treatment at a private institution under medical supervision to be selected by the person committed, and approved by the State board of health, if such person is able to pay, otherwise, at a Federal institution under Federal supervision.

If the trial judge is not satisfied from the evidence that the person is not an habitual user, he may order commitment for observation for not longer than 30 days and at the end of that time consider the testimony of the superintendent or physician in charge in rendering a decision on commitment.

Persons committed may be paroled but may be finally discharged only by the committing magistrate or his successor and only upon recommendation of the superintendent or physician in charge.

A person may voluntarily make application for commitment and treatment upon recommendation of his physician or a public health official. A judge or magistrate of a city, county, or State court may act on such application. A person committed under voluntary agreement may not be detained more than 10 days following written notice of his desire to leave the hospital or institution.

Any person failing or refusing to comply with any order of a court issued in accordance with this law shall be deemed in contempt of court.

In any criminal trial the trial court may in its discretion stay prosecution and likewise commit such person for treatment and rehabilitation (Laws 1935, pp. 1074–1075 (secs. 17–18), being Code (1940) title 22, secs. 249–250.)

[2] Based on a study prepared by Samuel H. Still, American Law Division of the Library of Congress, for the Council of State Governments in 1953. In an effort to bring this report up to date, the temporary President's Interdepartmental Committee on Narcotics wrote to the attorney general in each State enclosing a copy of the 1953 summary, and requesting his advice as to what changes, if any, should be made. The Interdepartmental Committee on Narcotics made available to the subcommittee their correspondence with the attorneys general of each State, and accordingly we have made the appropriate revisions. Twenty-eight States complied with the Interdepartmental Committee's request. In those cases where no reply was received from the State attorney general the 1953 summary is used. These States are indicated by an asterisk.

ARIZONA

This State adopted the Uniform Narcotic Drug Act in 1935 and as part of that act provided that any violator of the act could in discretion of the judge pronouncing sentence be ordered confined in the State hospital for the insane and directed that the superintendent of that institution must care for and provide treatment to all persons thus delivered to him. The county must bear part of the expenses, that is, must pay $20 per month during any period of confinement. No person may be committed who shall have been previously committed thereto or treated therein (laws 1935, ch. 26, sec. 25, being Code Ann. (1939), secs. 68–835).

ARKANSAS*

The superintendent of the State hospital may admit and care for, as a patient, any person suffering from acute psychosis, including acute or chronic alcoholism or drug addiction, who requires immediate hospitalization upon request of any health officer or physician (laws 1943, No. 241, sec. 4 being Stat. Ann. (1947), secs. 59–232).

CALIFORNIA

This State has a comprehensive law regulating the treatment of addicts for addiction. It is found in sections 11390–11395 of division 10 of the Health and Safety Code.

In addition there are two separate laws providing for commitment and treatment of—

(1) Narcotic drug addicts or those persons who habitually take or otherwise use to the extent of having lost the power of self-control any opium, morphine, cocaine, or other narcotic drug (Welfare and Institutions Code, 1953 edition, secs. 5350–5361 (art. 1);

(2) Any person so far addicted to the intemperate use of habit-forming or dangerous drugs, other than narcotic drugs as to have lost the power of self-control (Welfare and Institutions Code, 1953 edition, secs. 5400–5408).

1. Treatment of addicts for addiction

It is provided that a physician cannot treat a case of narcotic addiction in the patient's home, and the treatment must be either in an institution approved by the board of medical examiners, a city or a county jail, or a State or county hospital. The addict must be confined and kept under restraint or control during treatment. The statute sets up a reduction treatment over a 30-day period, setting maximum limits on the quantity of narcotics that may be administered each day during the first 15 days, with the narcotics discontinued at the end of that time. All such treatment must be reported to the authorities by registered mail at the beginning, at the end of the first 15 days, and at the end of 30 days, with an account of the progress of the patient and the narcotics administration. A physician who furnishes narcotics to a habitual user must report it in writing to the division of narcotic enforcement. The California statute is unique in thus prescribing the limits of professional use. Most States leave such limits to the discretion of the physician and the standards of

treatment acceptable to the profession (Health and Safety Code, secs. 11390–11395).

2. Inebriates, dipsomaniacs, and drug addicts

This act originally enacted by Laws 1927, page 149, was codified in the Welfare and Institutions Code and Laws Relating to Social Welfare, when that code was adopted by Laws 1937, chapter 369, page 1005 and following pages. The 1953 edition of the code amended several sections relating to treatment of addicts.

Definition.—A "narcotic addict" means—

any person who habitually takes or otherwise uses to the extent of having lost the power of self-control, any opium, morphine, cocaine, or other narcotic drug as defined in article 1 of chapter 1 of division 10 of the Health and Safety Code" (Welfare and Institutions Code (1937), 1953 edition, sec. 5350).

Apprehension and detention.—Whenever it appears by affidavit to the satisfaction of a magistrate of a county that any person is an addict he shall issue a warrant directing that the alleged addict be taken before a judge of the superior court for a hearing. The person may be detained until a hearing and examination can be had. The affidavit and warrant must be substantially in the form provided by law for the examination of mentally ill persons (ibid., secs. 5351–5352).

Appearance of person charged—Right to defend and produce witnesses—Order and notice to relatives.—the person charged shall be taken before the judge who shall inform him of his rights to make a defence and to produce witnesses in relation to his defence. An order must be issued fixing the time and place for a hearing and notice of the apprehension of the person and the hearing served on proper relatives (ibid., secs. 5353–5354).

Commitment—Evidence of bad repute or character.—If the judge believes the person charged is an addict, he shall commit such person to the department of mental hygiene for an indeterminate period of from 3 months to 2 years. If satisfactory evidence was submitted at the trial to show the person is of bad repute or character apart from the drug habit and there is reasonable ground for believing he will not benefit by treatment, the judge shall not commit him to a State hospital (ibid., sec. 5355).

Parole—Payment of costs or expense of commitment, delivery, to hospital, etc.—The financial condition of the person committed is determined at the commitment trial. The court inquires into the financial condition of the person committed or, if the person is a minor, of the parent, guardian, or other person charged with his support. If the court finds such person or persons able to do so in whole or in part, a further order is made requiring him or them to pay, to the extent the judge considers just, the expenses of the proceedings in connection with his commitment, and to pay to the county of which he is a bona fide resident, such sums as the court deems proper, during such time as the person committed remains in the hospital or on parole to a licensed home for the care of such person. The court makes a further order requiring such person or persons to pay to the department of mental hygiene the expense of delivery of the patient to the State hospital for placement in which he was committed, which shall be paid to and collected by the department and credited to the appropriation for transportation of patients.

The county auditor keeps a record of such payments ordered to be made to the county, and receives, receipts for, and records such payments made, pays over such payments to the county treasurer, sees that the persons ordered to make such payments comply with such orders, and reports to the court any failure on the part of such persons to make such payments.

Sheriff's fees and fees and expenses of witnesses are counted in the costs (ibid., secs. 5355.1–5359).

Suspension of juvenile or criminal proceeding on appearance that person charged is addict: Institution of proceedings under this chapter—Custody pending decision—Release on recognizance—Resumption of original proceeding.—If, when a girl or boy is brought before a juvenile court under the juvenile-court law, or if, on the arrest of any person charged with crime in any court, it appears to the court, either before or after adjudication, that such person is a drug addict within the meaning of this article, the court may adjourn the proceedings or suspend the sentence, as the case may be, and direct some suitable person to take proceedings under this article against the person before the court, and the court may order that, pending the preparation, filing, and hearing of the petition, the person before the court be detained in a place of safety, or if a minor, be placed under the guardianship of some suitable person on his entering into a recognizance for the appearance of the person upon trial or under conviction when required. If, upon the hearing of the petition, or upon a subsequent hearing, the person before the court, upon trial, or under conviction, is found not to be a drug addict, the court may proceed with the trial or impose sentence, as the case may be. If the person is committed to the hospital as a drug addict and has been detained therein for a period of not less than three months, whenever thereafter the superintendent of the institution wherein the addict is confined certifies to the committing court that the person has been sufficiently treated, or give any other reason which is deemed by the court to be adequate and sufficient, the court may order the discharge of the person so committed, or may order his return to await the further action of the court (ibid., sec. 5360).

Penalty.—Any person who knowingly contrives to have any person adjudged a drug addict under this article, unlawfully or improperly, is guilty of a misdemeanour.

3. Commitment of habit-forming drug addicts other than narcotic drug addicts

This law is to be distinguished from the law relating to commitment of narcotic drug addicts but the procedure for committing is almost the same. This law applies to

> any person * * * so far addicted to the intemperate use of habit-forming drugs other than narcotic drugs as defined in section 5350 of this code, as to have lost the power of self-control, or is subject to dipsomania or inebrity.

The term of commitment may not exceed 2 years. A person committed under this law or a friend on his behalf, if dissatisfied with the order of the judge committing him, may, within 10 days after the making of the order of commitment, demand that the issue be tried by a judge or by a jury in the superior court of the county in which he was committed (ibid., secs. 5400–5408).

COLORADO

Under a law originally enacted in 1915 and amended in 1945 whenever a complaint is made in any police or municipal court, justice of the peace court, county, or district court that any person is addicted to the use of cannabis, opium, or coca leaves, or any compound, manufacture, salt, derivative, or preparation thereof, or anhalonium, or peyote, or any compound, manufacture, derivative, or preparation thereof in a manner contrary to the public welfare and such use is not prescribed by a licensed physician, such judge or court may commit such person to a State, county, or city hospital or institution or to the common jail of the city or county. A fair hearing upon reasonable notice must be had. Any person so committed has a right to appeal the order of commitment

to any court having jurisdiction for a review of the sufficiency of the evidence upon which the commitment was made.

The patient may be discharged when it shall appear that such person is not longer addicted. (Laws 1915, p. 214; Laws 1945, p. 318, being Stat. 1953, Sec. 48–5–5.

CONNECTICUT

The first legislation enacted by Connecticut for treatment of drug addiction was the act of July 25, 1874. An act of May 19, 1915, was the first law enacted by the State authorizing the commitment of drug addicts by the courts to the State inebriate farm. This law in essence is still in effect (secs. 2720–2724, Gen. Stats., Rev. 1949, as amended) and provides that persons "so far addicted to the intemperate use of narcotics or stimulants as to have lost the power of self-control" shall be committed to an inebriate asylum. The same law applies to habitual drunkards and dipsomaniacs. The court of probate has jurisdiction. Except in cases of dipsomania, commitment is for from 4 to 12 months "for treatment, care, and custody." A person may apply voluntarily for treatment and be detained for not more than a year. Probation is permitted and the addict's estate is liable for expenses. Only curable cases are treated. In connection with a commitment proceeding, officers making legal service and examining physicians are entitled to compensation to be fixed by the probate court. An appeal to the superior court may be had from a commitment proceeding. Proceedings under this law do not extend to or affect in any way the cases of persons convicted of or charged with crime.

Another statute (sec. 2742) authorizes commitment of women over 16 years of age by a court of criminal jurisdiction to the Connecticut State Farm for Women upon being found guilty of "drug using." Only such offenders may be committed as the trial court considers—

ill be benefited physica lly, mentally, or morally by such commitment, and, immediately upon commitment a careful physical and mental examination by a competent physician shall be made of each person committed.

DELAWARE*

Justices of the peace have jurisdiction to conduct hearings upon a complaint that any person is addicted to the use of narcotic drugs in a

manner contrary to the public welfare and such use is not prescribed, directed or approved by a duly licensed physician. A fair hearing and notice must be given the addict and if from evidence the complaint is sufficiently founded the justice may commit such person to a State, county, or city hospital or institution. Release from commitment rests with the discretion of the committing justice. Any person committed may appear to any court having jurisdiction for review of sufficiency of the evidence. Every justice of the peace may upon information under oath issue warrants for arrest and search of premises in connection with narcotic cases (Code (1935), secs. 4100–4103).

DISTRICT OF COLUMBIA

Public Law 76, 83d Congress, approved June 24, 1953, provides for treatment of users of narcotics in the District of Columbia.

A "drug user" is defined as—

> any person who habitually uses any habit forming narcotic so as to endanger the public morals, health, safety or welfare, or who is so far addicted to the use of such habit forming narcotic as to have lost the power of self-control with reference to his addiction.

The United States attorney commences the proceeding by filing with the court a statement setting forth facts to show the person is a drug user. Persons charged with a criminal offense are excluded under the law. The court orders an examination by 2 physicians, 1 of whom shall be a psychiatrist. Right to counsel is assured. The patient may be committed for the examination. A hearing is required if the reports of the physicians show patient is a user, unless waived by patient. A jury trial may be demanded. The rules of evidence are applicable.

If the patient is found to be a drug user, the court may order commitment to a hospital designated by the Commissioners of the District of Columbia or by the patient, for the rehabilitation. Upon certification by the head of the hospital that maximum benefits have been received by the patient, the patient is delivered to the court. After 1 year in the hospital, the patient may petition the court for release. If the court finds patient no longer needs treatment, he may be ordered released.

For 2 years after release, the patient must report to the agent of the District of Columbia Commissioners and submit to physical examination as directed, to determine if patient has again become a drug user. If patient is found to have reverted to use of drugs, the United States attorney may commence a new proceeding for commitment.

FLORIDA*

Under a law originally enacted in 1933 and subsequently amended in 1935, 1947, and 1951, jurisdiction rests with the circuit court judge to commit drug addicts for treatment. Proceedings are instituted upon the filing of an affidavit, duly verified by any narcotic officer of the bureau of narcotics of the State board of health or any other person setting forth that the alleged addict habitually uses any narcotic drugs as defined by the narcotic drug laws of Florida, so as to endanger the public morals, health, safety, and welfare, or who is or has been so addicted to the use of narcotic drugs as to have lost the power of self-control with reference to such addiction.

The person named in the affidavit may be taken into custody and held without bail until after the hearing on his case. Hearings must be had not less than 10 days after due notice is given the alleged addict. Records are confidential. The bureau of narcotics must investigate each case. The judge hears evidence presented and the report of the narcotics officers, and may appoint two physicians to examine the alleged addict.

If the judge finds the allegations in the affidavit are true he shall make and file an order requiring the person so named or described to forthwith take and continue such treatment for the cure or withdrawal of such drug addiction at the hospital of the State prison and shall commit him to the hospital of the State prison until cured or free of the habit of using narcotic drugs. Periodical reports as to the patient's progress must be made to the court. All persons shall be held for treatment until discharged by the court committing them.

Voluntary applications for commitment may be made upon recommendation of a duly licensed physician or public health official and commitment had as if by affidavit.

A defendant in a criminal action or proceeding may be likewise committed by the trial court where it appears the defendant habitually uses narcotic drugs (Stat. Ann. (Supp. 1952), sec. 398.18, derived from Laws 1933, ch. 16087, sec. 17, Am. Laws 1935, ch. 17129, sec. 2, Am. Laws 1947, ch. 23823, sec. 2, Am. Laws 1951, ch. 26484, sec. 10).

GEORGIA

Jurisdiction of commitment proceedings against drug addicts is vested in any judge of a city, county, or superior court in chambers. Proceedings may be instituted upon filing of an affidavit by a person claiming to have knowledge of the facts and setting forth that the person described habitually uses any narcotic drug in this chapter (Uniform Narcotic Drug Act), so as to endanger the public morals, health, safety, or welfare, or who is or has been so far addicted to the use of such drugs as to have lost the power of self-control with reference to his addiction. The affidavit duly verified must be filed with the solicitor general of any circuit or the solicitor of any county or city court. Notice to appear is issued by such solicitor and must be served on the alleged addict, and a copy mailed to the State commissioner of agriculture. Records are confidential.

At the time and place specified for the hearing the alleged addict, or his counsel, being present, the judge hears the evidence and may appoint two physicians to examine the addict. If satisfied the allegations are true the judge shall order the person named to take and continue treatment for the cure of such drug addiction either at an approved private institution or at some public hospital, or institution under medical direction, other than a penal institution, depending upon whether the addict is able to pay his own expenses. If not satisfied from the evidence that the person is an habitual user of the drugs the judge may order commitment for not more than 30 days for further observation and evidence before final decision. When an addict is committed, periodical reports must be made to the court and provision is made for parole and final discharge.

Commitment upon voluntary applications for treatment may be made by the judge or magistrate upon recommendation of a duly

licensed physician or public health official. Such addicts may not be detained more than ten days from written notice of desire to be released.

A defendant in a criminal action or proceeding may be likewise committed by the trial court where it appears the defendant habitually uses narcotic drugs (Code of Georgia, Ann., sec. 42–818).

IDAHO

Former section 66–316, Idaho Code, providing for the commitment of drunkards and drug fiends was repealed by chapter 290 of the 1951 Session Laws. For substitute procedures under the present law refer to chapter 3, title 66, Idaho Code, an act providing for the hospitalization of the mentally ill. A mentally ill person or individual under this act is one having a psychiatric or other disease which substantially impairs his mental health, including "* * * (4) Intoxication, habituation and/or addiction to drugs" (sec. 66–317, Idaho Code). The alleged addict may be received by any State hospital for observation, diagnosis, care, and treatment under the following procedures: (*a*) Hospitalization on medical certification; standard nonjudicial procedure (sec. 66–326, Idaho Code); (*b*) hospitalization on medical certificate; emergency procedure (sec. 66–327, Idaho Code); (*c*) hospitalization without endorsement or medical certification (sec. 66–328, Idaho Code); (*d*) hospitalization on court order, judicial procedure (sec. 66–329, Idaho Code). Hospitalization on court order must state whether detention is for an indefinite or temporary period; hospitalization under sections 66–326, 66–327, and 66–328 is for a period of temporary detention as authorized by the act. After admission to the hospital under any provisions above the patient must be examined within 5 days or, if such examiner does not certify that patient is addicted, the patient shall be immediately released (sec. 66–333, Idaho Code). Transfer to Federal institutions is provided (sec. 66–334, Idaho Code). Upon request of accused, his next of kin or guardian, transfer may be made to a private institution (sec. 66–334, Idaho Code). There is no appeal since an order of commitment is not a "final judgment" (*State* v. *Noble* (1933), 52 Idaho 782, 20 Pac. 2d 447). Proceedings for commitment are not criminal in character. They are paternal and in no sense penal (*In re Hinkle* (1921), 33 Idaho 605, 196 Pac. 1035).

ILLINOIS

The general assembly in 1951 authorized the State department of public health to establish three outpatient clinics in the city of Chicago for the voluntary treatment of persons addicted to narcotics. Each clinic is located at a recognized hospital in the city; 1 on its north side, 1 on its south side, and 1 on its west side. Each clinic is required to be properly staffed to treat and rehabilitate persons addicted to narcotics. The general assembly appropriated $90,000 for this purpose (Laws 1951, p. 1810, H. B. No. 1257, approved July 25, 1951; Ill. Rev. Stat. 1951, ch. 111½, par. 141). This program has since been continued, and $125,000 has been appropriated for the 1955 biennium (Laws 1955, p. 1264, sec. 1, S. B. No. 495, approved July 9, 1955; Ill. Rev. Stat. 1955, ch. 111½, par. 141). The sum of $30,000

was also appropriated to establish a narcotics investigation commission to conduct a thorough study and investigation of the problems caused by or related to the use of and traffic in narcotics. The findings and recommendations of the commission are to be reported to the 70th general assembly not later than May 15, 1957 (Laws 1955, p. 843, S. B. No. 194, approved July 5, 1955).

Registration of all drug addicts with the State department of registration and education is required. Failure to register is punishable by imprisonment for not less than 6 months not more than 1 year. A registrant must carry his card of registration. Failure to carry his registration card is punishable by a fine of not less than $1 nor more than $100 or imprisonment for not more than 1 year, or both (Laws 1953, p. 355, H. B. No. 698, approved June 16, 1953; Ill. Rev. Stat. 1955, ch. 38, pars. 192.29–192.32).

INDIANA*

No statutory provisions govern commitment or treatment of drug addicts.

IOWA

The commissioners of insanity of each county have jurisdiction in cases to commit "persons addicted to the excessive use of intoxicating liquors, morphine, cocaine, or other narcotic drugs" to such institutions as the board of control for State institutions may designate (Code of Iowa 1954, secs. 224.1, 224.4).

All statutes governing the commitment, custody, treatment, and maintenance of the insane, being Code of Iowa 1954 (sec. 226.1 et seq.), shall so far as applicable govern the commitment of drug addicts (ibid., sec. 224.2).

Persons committed may be paroled but must be retained in custody until cured. If a person so committed becomes insane, on due hearing he may be committed to a hospital for the insane, his right of appeal not being denied him (ibid., secs. 224.3, 224.5).

KANSAS

The Legislature of Kansas in 1951 enacted a comprehensive law governing the licensing and operating of "boarding homes." The law applies to any place where persons are boarded or accommodated for treatment, and includes places where drug addicts are treated. The law does not apply to institutions operated by the State or municipalities nor to hospitals, institutions for psychiatrics or child care institutions (supplement, 1953, 39–901 to 39–922, or 1951 Session Laws of Kansas, ch. 289).

The probate code of the State makes provision for the appointment of a guardian for any "drug habitue," such person being termed an "incompetent person." Proceedings are in the probate court and there must be due notice and hearing, trial by jury being had if demanded (Gen. Stat. Ann. 1949, secs. 59–1801 to 59–1913, 59–2257 to 59–2280).

Also under the legal probate court proceedings for committing the mentally ill, it might be possible to commit narcotic addicts to certain institutions on the ground that they are mentally ill. (See Gen. Stat. 1949, 59–2001 to 59–2008, and amendments thereto found in the 1953 supplement.)

KENTUCKY*

Provision is made for voluntary admission to any State institution of persons "addicted to the use of narcotic drugs." Admission is without inquest (Rev. Stat. (1948) sec. 203.050. A voluntary patient, if not indigent or a pauper, must pay for his maintenance. He may be discharged by giving 5 days' notice at any time after the expiration of 6 months or after the expiration of his agreement (ibid., sec. 203.170).

Whenever in a proceeding for the trial and commitment of any person who appears to be of unsound mind it is determined that such person is a "drug addict" and "ought to be committed for safekeeping or treatment" the court of the county of jurisdiction may turn the person so adjudged over to the United States public health service or other agency of the Federal Government if such person is eligible for treatment by the Federal Government (ibid., sec. 202.165.)

Any person who habitually uses narcotic drugs as defined in the Uniform Narcotic Drug Act (sec. 218.010) shall be imprisoned in the workhouse or county gaol for not more than 12 months. Peace officers are charged with the duty of bringing offenders before the proper court. Courts have authority to postpone entering judgment in such cases and to place the defendant on parole. When the defendant waives a jury and upon pleading or being found guilty, the judge may sentence him to imprisonment without intervention of a jury. However, the judge may not postpone or suspend judgment or sentence or probate a defendant who has pleaded guilty or been convicted unless the defendant consents to enter an institution approved by the court for the treatment of narcotic addicts and remains there until discharged by the institution (ibid., secs. 218.210, 218.050, Am. Laws 1952, ch. 120).

LOUISIANA

The mental health law of this State makes provision for the care and treatment of drug addicts at the two State hospitals. Drug addicts are included in the category of "inebriates." There are three ways in which patients are admitted: (1) Voluntary admission, (2) coroner's commitment, and (3) judicial commitment.

The term "inebriate" means—

A person who is habitually so addicted to the use of alcohol or other intoxicating or narcotic substances as to be unwilling or unable without help to stop the excessive use of such substances. The term includes dipsomaniac, habitual drunkard, person addicted to the use of alcoholic drink or intoxicating drugs, persons so habitually addicted to the use of alcoholic drink, absinthe, opium, morphine, chloral, or other intoxicating liquors or drugs as to be a proper subject for restraint, care, and treatment in a hospital or asylum, and persons habitually so addicted to the use of alcohol or narcotic drugs as to be a proper subject for restraint, care, and treatment (Rev. Stat. (1950), title 28, secs. 1–184).

1. *Voluntary admission.*—Any "inebriate" who desires treatment at a State hospital must apply to the superintendent, provided he is first fully informed of the law applicable to him, fully understands the law, and agrees to obey the rules of the institution. The application must be personally presented and must be in writing, signed by the applicant and one witness, and accompanied by a physician's certificate. The superintendent may receive and detain the applicant if he believes treatment necessary (ibid., sec. 51).

2. *Coroner's commitment.*—This method of commitment is used by a near relative, near friend, curator, or other responsible person in behalf of the "inebriate." Application must be accompanied by a certificate of the coroner and one other physician, stating they have examined the patient within 3 days of the application and that he is in need of care. Admission may be for no longer than 14 days (ibid., sec. 52).

3. *Judicial commitment.*—This is, of course, involuntary commitment and any responsible person may file an application to have an "inebriate" committed. The application is the same as in case of a coroner's commitment. Jurisdiction is vested with the judge of the civil district court. Preliminary to the hearing the judge may request the presence of the patient or commit him for a limited period if such commitment is in the best interest of the patient. A commission may be appointed to investigate the case and must be appointed if so demanded by the patient. This commission has the power to summon witnesses and compel their attendance. After a report is made by the commission the patient is summoned to appear for a hearing. If as a result of the commission's report and the hearing the judge "believes that the patient should be committed" he shall so order the patient committed. A patient so committed may not be detained longer than 1 year unless upon certification by the superintendent, the court believes longer detention is "necessary and beneficial." Provision is made for committing such persons to a United States veterans hospital or United States Public Health Service hospital (ibid., secs. 53–56, 61–62).

Another provision relating to the treatment of drug addiction is contained in the Narcotic Law (R. S. 40:981), as amended, reading as follows:

> Any person violating any provision of this subpart shall be imprisoned at hard labor for not less than two years nor more than fifteen years; provided that in cases of conviction for the offense of selling, giving, or delivering any narcotics to a person under the age of twenty-one years, the person so convicted shall be imprisoned at hard labor for not less than ten years nor more than thirty years: *Provided further*, In cases of conviction for the offense of being an addict as defined in R. S. 40:961 the court may, in its discretion, if such conviction be the first had by the offender for violating any of the provisions of this subpart, suspend the execution of the sentence and place such offender on probation under the provisions of the department of public welfare, conditioned upon such person voluntarily entering, within not less than thirty days, one of the United States Public Health Service Hospitals and remaining in such hospital until certified by the medical officer in charge as being cured, and conditioned upon such person's good behavior for the remainder of his sentence. Any such addict placed upon probation shall pay all costs incident to gaining admission to such hospital and shall by proper affidavit authorize the medical officer in charge of such hospital to furnish the United States Commissioner of Narcotics, or his representatives, complete information concerning his admission, discharge and treatment.
>
> On second and subsequent convictions under this subpart, the punishment prescribed under the provisions of this subpart, shall not be suspended or probated. No person sentenced under this section shall be eligible for parole (as amended, Acts 1952, No. 429, sec. 1; Acts 1954, No. 682, sec. 1).

MAINE

Under a law originally enacted on February 9, 1905, voluntary commitment of drug addicts may be had for periods of not more than 90 days. The law applies to a person "suffering from the effects of the use of an opiate, cocaine, chloral hydrate, or other narcotic."

A voluntary agreement must be made in writing by the sufferer, witnessed by the wife, husband, or parent, or a municipal officer. Commitment is by a justice of a superior or probate court. (Rev. Stat. 1955, ch. 25, secs. 167–169).

MARYLAND

Those persons addicted to opium, cocaine, morphine, or any other drug or intoxicant were by an act of 1894, chapter 474, made subject to the habitual drunkards law of 1888 (*Tome* v. *Stump* (1899), 89 Md. 270, 42 Atl. 902).

Proceedings for the commitment of a drug addict in Maryland may be had in any circuit court, in equity. The court has the power to make ex parte inquiry and to issue a warrant for the arrest of any drug addict. This law actually applies to inebriates or habitual drunkards but habitual drunkard is construed "to embrace any person who may be habitually addicted to the use of alcohol, opium, cocaine, morphine, or any other intoxicant." The legal proceedings are conducted as are cases of persons alleged to be lunatics or insane and the laws applicable to property of lunatics also apply. A trial is by jury (Ann. Code (Flack 1951 and 1955 supp.), art. 16, sec. 52). (For procedure in lunatic cases see ibid., art. 59, sec. 1 et seq.)

Any person so charged as an addict may have the legal proceedings dispensed with, appoint his own committee, and voluntarily enter an institution for a limited time for which he agrees. However, if found to be an addict by a jury he will be detained "for such period as may be necessary for his complete reformation" (ibid., art. 16, sec. 52).

Voluntary commitment for treatment.—The circuit courts, in equity, may also hear petitions for the voluntary commitment of habitual drunkards and for the purposes of this law a drunkard is deemed—

to include any person who has acquired the habit of using spirituous, malt, or fermented liquors, cocaine, or other narcotics to such a degree as to deprive him of reasonable self-control.

The petitioner must be an inhabitant of the State and a relative or friend of the addict. The petition must state that the addict or those of his kin petitioning are not financially able to incur the expenses of his cure. The petition must contain the written agreement of the addict to take the treatment and obey the rules of the treating institution and must contain the signed statements of three taxpayers of the county, or of Baltimore City, as the case may be, setting forth they are familiar with the circumstances of the case. If satisfied the facts in the petition are true the judge shall then send the addict to some institution for cure in the State. The law suggests a maximum of $100 be expended on each case, but this is not mandatory. The expenses are paid by the county or the city of Baltimore, as the case may be (ibid., art. 16, secs. 53–59).

MASSACHUSETTS *

The first legislation of the State permitting the commitment of drug addicts to State institutions for treatment was the act of June 16, 1909, which provided that voluntary, as well as compulsory, commitments could be made to any State hospital or asylum. A summary of the provisions now in effect in this State is given below.

Exclusive State control of drug addicts.—By statute the Commonwealth has exclusive—

> care, control and treatment * * * of persons addicted to the intemperate use of narcotics or stimulants, the care of whom is vested in it by law, of each person who shall hereafter be received into any State hospital * * * no county, city, or town shall establish or maintain any institution for the care, control, and treatment * * * of persons addicted to the intemperate use of narcotics or stimulant, or be liable for the board, care, treatment, or act of any inmate thereof.

The State department of mental health has charge of the State hospitals and may issue licenses to private institutions or houses for the care of drug addicts (Ann. Laws (1949), ch. 123, secs. 2, 33).

Commitment and care.—Any male or female person—

> * * * who is so addicted to the intemperate use of narcotics, habit-forming stimulants or sedatives as to have lost the power of self-control—

may be committed to the State farm, or to any other institution under the department of correction that may be designated by the Governor, to the McLean Hospital, or to a private licensed institution. An order of commitment may be issued by a justice of the superior court, in any county, any of the judges of probate for Suffolk County, the judge of probate for Nantucket County, a justice or special justice of a district court, including a judge of the Municipal Court of Boston. A certificate must first be filed by two qualified physicians and the alleged addict is entitled to a hearing and an appeal. Commitment may not be for longer than 2 years (ibid., secs. 62–65).

Voluntary admissions.—Provision is made for voluntary admission of drug addicts to State institutions for treatment (ibid., sec. 86).

Persons charged with crime.—Provision is made for committing persons (drug addicts) charged with crime or misdemeanour prior to final disposition of the case (ibid., sec. 113).

MICHIGAN*

Voluntary treatment of indigent addicts.—An act of April 30, 1907, represents the first legislation of the State which permitted the commitment of persons suffering from drug addiction to a State institution for medical care and treatment at the expense of the county (Laws 1907, p. 71, being Comp. Laws (1948), secs. 404.201–404.205). The law applies to—

> any indigent person addicted to the excessive use of any intoxicating liquors or of morphia, laudanum, cocaine, opium, or other narcotics to such an extent as to become an habitual drunkard.

Any citizen of the State may petition the board of supervisors of the county for leave to send the addict to any reputable institute for treatment at county expense. The petition must show that the addict is unable to pay for the treatment and that he has consented thereto. Three reputable taxpayers must certify as to the facts of the case. Cost of treatment may not exceed $100 of county funds. The institution to which commitment is made must satisfy the board as to its ability to cure (ibid., secs. 404.201–404.205).

Guardian-commitment.—The judge of probate in each county has jurisdiction to appoint a guardian of any person—

> who shall be an habitual drunkard, or so addicted to the excessive use of intoxicating liquors or narcotic drugs, as to need medical or sanatory treatment and care.

A guardian shall have the care and custody of the addict and upon order of the judge may cause him or her to be taken to and restrained

in any suitable State hospital for treatment. The guardian's petition to commit the addict or ward must be supported by the certificate of two physicians (Comp. Laws (1948), secs. 330.18, 703.1, 703.28–703.29, 713.1). The rate of charge and rules for admission of drug addicts at a State institution are the same as for insane patients (ibid., sec. 703.30).

The juvenile division of the probate court has concurrent jurisdiction in proceedings concerning any child between the ages of 17 and 19 who is repeatedly addicted to the use of drugs (ibid., sec. 712A.2).

Commitment of persons convicted of crimes or offenses.—An act of May 12, 1927, provides that whenever it appears that any person, convicted of a violation of the narcotic laws, or of any offense cognizable by a justice of the peace, is subject to drug addiction the court, instead of imposing judgment, may commit the defendent to Wayne County Hospital for care and treatment for as long as necessary for the benefit of the defendant but not longer than 2 years. The respective counties bear the expense of those addicts committed from the county (Laws 1927, No. 148, being Comp. Laws (1948), secs. 330.301–330.305).

Drug addicts—misdemeanor.—Under a law enacted in 1952 any person who shall unlawfully use, or who shall be addicted to the "unlawful use" (without prescription) of any narcotic drug or drugs shall be guilty of a misdemeanor, subject to imprisonment for 1 year or a fine of $2,000 or both. The act states:

> It is the intention of the legislature that anyone sent to an institution under the provisions of this section shall receive psychiatric and medical treatment and care in an attempt to cure the narcotic addiction (Laws 1952, No. 266, adding sec. 335.154 to Comp. Laws (1948)).

MINNESOTA

Under a law enacted on April 11, 1923, compulsory treatment for habitual users of narcotics may be had at a State or private institution. The law applies to—

> a habitual user, otherwise than under the direction of a duly licensed and practicing physician, of opium, or coca leaves or any compound, manufacture, salt, derivative, or preparation thereof.

Any person may file an affidavit with the county attorney of the county where an addict is found, providing the addict is not receiving treatment under the direction of an authorized physician, and such county attorney shall issue a notice requiring the addict to appear before judge of the district court of the county in chambers. The court, upon being satisfied with the allegations contained in the affidavit are true, shall issue an order requiring the addict to take treatment at private institution if able to pay, otherwise at some public institution. Persons failing to abide by directions of the notice of the county attorney shall be prosecuted for contempt (Laws 1923, ch. 235, being 1 Minn. Stats. 1953, secs. 254.09–254.11).

Under a law enacted in 1907 provision is made for voluntary admission of inebriates to State institution. The work "inebriate" means—

> any person incapable of managing himself or his affairs by reason of the habitual and excessive use of intoxicating liquors, drugs, or other narcotics—

(Laws 1907, ch. 288, being 2 Minn. Stats. 1953 sec. 525.749). The probate courts are also given jurisdiction to hear petitions to commit "inebriates." In commitment proceeding the addict is given a hearing and represented by counsel appointed by the court. The county attorney represents the petitioner (ibid., secs. 525.75–525.79, as amended, 1955).

Persons who are addicted to the use of habit-forming drugs may be admitted to and treated in the psychopathic department of the Univeristy of Minnesota (ibid., sec. 158.13).

MISSISSIPPI*

In 1950 the legislature passed an act generally revising the law relating to the committal and detention of alcoholics and drug addicts and the appointment of guardians for such persons (Laws 1950, ch. 349).

Definition.—Section 1 defines the terms "alcoholic," "alcoholic beverages," "alcoholism," "drug addict," "drug addiction," "hospital" or "institution," and "medical director" (Code Ann. (Supp. 1950), sec. 436–01).

Petition—court jurisdiction.—Section 2 establishes a manner for instituting proceedings for the detention, care, and treatment of any person alleged to be an alcoholic or drug addict. Proceedings may be instituted by such person's husband, wife, child, mother, father, next of kin, or by any friend or relative, or by the county health officer. The chancery court of the county of residence or in which the person may be found has jurisdiction either in term time or in vacation. The petition or application must be sworn to and allege:

> * * * that such person is an alcoholic or drug addict, as the case may be, is a resident citizen of this State, is over the age of eighteen (18) years, and because of his alcoholism or drug addiction, is incapable of or unfit to look after and conduct his affairs, or is dangerous to himself or others, or has lost the power of self-control because of periodic, constant, or frequent use of alcoholic beverages or habit-forming drugs, and that he is in need of care and treatment, and that his detention, care, and treatment will improve his health (ibid., sec. 436–02).

Court proceedings on petition.—Section 3 provides that the chancellor of the court must by order fix a time for a hearing on the petition not less than 5 nor more than 30 days from the filing and the alleged alcoholic or addict served not less than 3 days prior to the hearing with a citation to appear. Evidence must be adduced and the chancellor may require an examination by the county health officer or other competent physicians. If the alleged alcoholic or drug addict admits the truth and correctness of the petition or if from the evidence the chancellor finds that—

> such person is an alcoholic or drug addict, and is in need of detention, care, and treatment in an institution, and that the other material allegations of said petition are true—

then he shall enter an order so finding and order the person confined in the proper State institution for care and treatment for a period of from 30 to 90 days. However, the medical director of the institution has full power and custody of the patient and may discharge and release such person depending upon necessity of treatment. He may retain the patient longer than 90 days if continued treatment is necessary (ibid., sec. 436–03.)

Appeals from chancellor's decision.—Section 4 permits any person committed to appeal to the State supreme court from a chancellor's

decision. The appeal is had as in other cases under the general provisions of the law except a bond fixed by the chancellor must be posted and notice of appeal given within 5 days following the chancellor's decision (ibid., sec. 436–03).

Enforcement of orders.—Section 5 gives the chancellor power to issue the necessary writs and to enforce his orders in connection with any commitment (ibid., sec. 436–04).

Transferring of patients.—Section 5 gives to the medical directors of the two State hospitals the authority to transfer such alcoholic or drug patients as have been committed from one institution or department to another as is deemed necessary for their care and treatment (ibid., sec. 436–06).

Probation and discharge.—Section 6 places within the discretion of the medical director of the two State hospitals the matter of probation and discharge of persons committed. Any person committed may be required to pay his own expenses if after investigation the director finds the financial status of such person justifies it (ibid., sec. 436–07).

Costs of commitment and support.—Section 8 makes the provisions of the law relating to costs of commitment and support, including reimbursement, in cases of the mentally ill apply with equal force in cases of alcoholics and drug addicts (ibid., sec. 436–08).

Rights of citizens.—Section 9 provides that—

> no person who is committed * * * shall forfeit or be abridged thereby of any of his or her rights as a citizen of the United States or of the State. * * * The records pertaining to any person committed shall be confidential and the contents shall not be divulged except on an order of a court of competent jurisdiction or a signed waiver by the person committed (ibid., sec. 436–09).

Commitment proceedings for the mentally ill persons committed under this act.—Section 10 provides that where a person committed under this act is found by the medical director of the hospital to be suffering from a mental condition or affliction requiring commitment as mentally ill, the director may institute proceedings therefor under the proper statute (ibid., sec. 436–10).

Refusal of admittance to certain persons.—Section 10 permits the medical director of a State hospital to refuse admittance of any person who willfully and consistently fails to be rehabilitated after three commitments, notwithstanding the order of any court (ibid., sec. 436–11).

Providing alcoholic beverages or drugs to persons in custody of institution. Section 11 authorizes the staff of an institution or hospital to which persons have been committed to administer alcohol or drugs in the course of treatment of the persons committed in strict accordance with the prescriptions of a physician of the institution or hospital. Otherwise, it shall be a misdemeanor for any person to give, sell, deliver, or otherwise provide any alcoholic beverages or drugs to any person confined for treatment (ibid., sec. 436–12).

Guardians to drunkards and opium and other drug addicts.—Section 13 amends an existing statute (Code Ann., 1942, sec. 435), which provided for appointment of a guardian for an habitual drunkard, habitual user of cocaine, or opium or morphine. The new law supplements the former authorizing appointment of a guardian by the chancery court upon application of a friend or relative after proper hearing of evidence by permitting the court to direct the confinement of such a person to an asylum (ibid., sec. 435).

A former provision of the law of guardianship (Code Ann., 1942, sec. 437) makes provision for termination of guardianship where the ward has sufficiently reformed to justify it. Further provisions of the law (Code Ann., 1942, secs. 439–450) describe the duties and powers of guardians in connection with the handling of the estate or affairs of wards.

By Laws 1946, chapter 425, those sufferers from alcoholism or the use of narcotics and committed to the State insane hospital are given accommodations separated from the other buildings (Code Ann. (Supp. 1950), sec. 6883–01).

MISSOURI*

Probate courts have jurisdiction and may commit drug addicts to any hospital for insane patients in the State. Commitment may be upon voluntary application of the addict or upon written information of a resident duly filed with the court. The patient's care is a county expense. Provision is also made for appointment of a guardian. This law also applies to the city of St. Louis and confinement may be had in a local hospital (Rev. Stat. (1949), secs. 202.360–202.420, 507.010–507.020).

MONTANA

Every physician who prescribes narcotic drugs for, or dispenses such drugs to, a person believed by him to be an habitual user of such drugs is required, within 48 hours, to report to the county attorney of the county where such drugs are dispensed, the name, address, and physical and mental condition of such person. If a physician prescribes or dispenses such narcotic drugs daily to a patient for more than thirty days, he must register with the county attorney the name of such person, together with a statement of the physical and mental condition of such person and a prognosis as to the probable future necessity for continuing to prescribe for such patient. It is the duty of the county attorney immediately to file a complaint against such habitual user of drugs in the district court of his county.

The judge of the district court, upon the filing of a complaint, shall conduct a hearing and examination of the addict, and commitment, if deemed necessary, will be made to any State, county, city, or other hospital or institution where facilities are provided for the treatment of drug addiction. The court may order the discharge of the addict when the latter's addiction is no longer contrary to the public welfare, or at any other time in the discretion of the court. The addict has the right of appeal from the order of commitment.

The expense incidental to the commitment and maintenance of drug addicts is paid in the manner provided for by law for the commitment and maintenance of persons committed to the State insane asylum.

The police judges and magistrates, judges of municipal courts, and justices of the peace are required to report immediately to the county attorney any knowledge acquired or obtained by them which tends to show that any person is an addict. If such person is under arrest or liberated on bail at the time such knowledge is acquired, he must not be liberated nor must such bail be discharged until such report is made to the county attorney (Laws 1921, ch. 202, being Rev. Codes Ann. (1947), secs. 66–1516).

An act of 1911 authorized a State hospital for inebriates for the detention, care, and treatment, subsequent to a regular examination, of all persons suffering from mental affliction occasioned by the use of drugs or intoxicants. Applications are made to the appropriate district-court judge. All costs and expenses incurred in arrest, examination, etc., are paid in the manner provided for commitment of mental patients to the State insane hospital. Patients may be detained 2 years.

NEBRASKA

The county board of mental health in each county has cognizance of all applications for admission to a State hospital. This applies to patients seeking voluntary admission as well as patients committed without consent. The provisions permitting admission of drug addicts apply only to the "mentally ill," but defined to include

> persons suffering from any type of mental illness whatsoever, whether hereditary or acquired by internal or external conditions, diseases, narcotics, alcoholic beverages, accident, or any other condition or happening (Rev. Stat. (1943, 1950 edition), secs. 83–306, 83–322).

NEVADA

A law making it unlawful for a person to have in his or her possession certain narcotics authorizes a judge in pronouncing sentence upon such person to order the defendant confined for treatment for a part or all of his sentence in the State hospital for mental diseases. The institution is required to care for and treat such persons at county expense (Comp. Laws (supp. 1931–41), sec. 5082).

Applications for treatment are made to appropriate district-court judges, who then order an examination of person charged with being an "inebriate." (Statutes of Nevada, 1951 (ch. 331).)

If after a hearing and examination, the judge believes the person charged is an inebriate or dipsomaniac, or is a drug addict, and has been a resident of Nevada for more than 1 year, he makes an order committing such person to the Nevada State hospital for an indeterminate period of not less than 6 months nor more than 1 year. No such order, however, shall be made in respect to any person who has theretofore been committed to and has received treatment at said hospital unless there has been first filed with the court a written report of the superintendent of the hospital stating that the person is a suitable case for treatment at said hospital, and if such report is not filed the person so charged shall forthwith be discharged by the court. The judge shall interview such person prior to commitment, unless the interview is waived for cause upon a physician's certificate. A full transcript of the proceedings in the district court shall be filed with the superintendent within 30 days after the commitment (Statutes of Nevada, 1953 (ch. 365, sec. 15).)

NEW HAMPSHIRE *

No statutory provisions govern the commitment or treatment of drug addicts.

NEW JERSEY

This State has no statutory provision governing the commitment or treatment of drug addicts. Under a law enacted in 1952 the State

parole board may parole any inmate serving a sentence in a penal or correctional institution by reason of conviction as a narcotic addict. The inmate, as a condition, must agree to voluntarily admit himself to an appropriate Federal or New Jersey hospital or facility for the treatment of narcotic addicts (Laws 1952, ch. 32, being Stat. Ann. (Supp. 1952), secs. 30; 4–123, 43 to 30:4–123.44).

NEW MEXICO

This State has a law enacted in 1935 providing for both voluntary commitment of drug addicts to the New Mexico Insane Asylum and involuntary commitment either to the asylum or some other place for rehabilitation (Laws 1935, ch. 145, secs. 34–40, being Stat. Ann. (1941), secs. 71–734 to 71–740).

Voluntary commitment.—Upon the written application of any person, accompanied by a certificate of two physicians, setting forth that "such person is addicted to the use of narcotic drugs" the State board of public health may commit such person to the State insane asylum for not less than 1 year. Commitment is under rules and regulations adopted by the board. The addict may be paroled (Stat. Ann. (1943), sec. 71–740).

Involuntary commitment.—Upon complaint in writing under oath, by a private citizen or the State board of health, the clerk or judge of a district court will issue a warrant for the arrest of any person alleged to be—

addicted to the use of drugs so as to be dangerous to the peace or safety of the State, or so as to render his restraint and treatment necessary for his own welfare.

After examination of the addict the district court, if it finds the allegations are true, shall, unless some provisions for the adequate restraint and treatment of such person satisfactory to the court are made, commit such person to the State insane asylum. Detention may be had until the patient is released by the superintendent of the hospital, subject to approval of the State board of health. The patient is placed on a year's probation following release (ibid. secs. 71–734 to 71–738).

NEW YORK

The legislature in 1951 authorized and empowered the State attorney general, with the assistance of the interdepartmental health council—

* * * to make a comprehensive study of the existing provisions of law relating to the control of narcotics and their use; to evaluate present law enforcement, penal and rehabilitative procedures and the adequacy thereof, and to make recommendations for such changes in law and procedures as may be necessary or desirable to insure adequate control of narcotics and their use, cope with the problems arising from addiction, and to improve law enforcement, penal and rehabilitative procedures in connection therewith; to compile pertinent statistics and other information relative thereto and to formulate and recommend to the legislature any changes in law or procedure that may be necessary or desirable to accomplish such objectives (Laws 1951, ch. 528).

REPORT OF THE ATTORNEY GENERAL—EXCERPTS (LEGISLATIVE DOCUMENT 1952 No. 27)

* * * Apparent throughout the pattern of cold statistics and individual tragedy is a central theme which must be recognized and attacked not only by legislative, executive, and judicial force but also by medical, educative, and inspiration means * * *. Government action must play a vital role in this all-out war against narcotic addiction * * *. The adult addict presents a twofold

problem. Means must be found for the cure of those for whom there is still a hope of success; the hopeless addict must be removed from public circulation.

Under section 439 of the public health law, a person may voluntarily apply for commitment to an institution for treatment of the narcotic habit. The records of the Magistrates Court of the City of New York, through which the commitments are made, show that applications have more than doubled since 1946. Most striking of all, it appears that whereas the number of applications by adolescents had formerly been almost insignificant, a most substantial number of young people has voluntarily come forward in 1950 and 1951.

More than 3,000 persons, in all age groups, in the last 6 years, have admitted their addiction and voluntarily sought aid of this public agency alone. * * * Records of all arrests and investigations involving school children were produced and analyzed * * * reported estimate of the number of drug users in the schools was placed at 1,500.

In 1949, the State department of health pointed out that a national survey estimated that there was 1 user in every 3,500 persons of all age groups. Expert opinion now concludes that 1 out of every 200 high-school students in New York City uses drugs in one fashion or another.

The problem cannot be solved simply by the enactment of more stringent legislation aimed at preventing illegal traffic in narcotics. * * * When analyzed, it will be seen that the regulatory and corrective phases are patently interrelated. In the peculiar nature of the problem, a step taken toward cure of the user, and removal of the hopeless addict, is a move toward curbing the use of narcotics. Not only is the user or addict removed as a source of business for the peddler, but, of even greater importance, he will cease to exist as a spreader of the disease * * * recommendations are * * * First, the steps designed to cut away the cancerous traffic. Secondly, the means of treatment and rehabilitation aimed at curing or removing the drug user, both for his own good and as a potential menace. Finally, the education of our citizenry.

"* * * plan of treatment and rehabilitation * * *

" 'This requires an integrated program consisting of five component parts: (1) Physical withdrawal of the drug; (2) physical rehabilitation; (3) psychothereapy; (4) occupational thereapy, and (5) aftercare and followup; all of which must function as a continuing process if any success is to be achieved. It is not enough to withdraw the drug from the addict's body, offer him some measure of physical rehabilitation, and then turn him loose again * * *' "

On one point there is unanimity of opinion—the addict at large is a focal point for contagion of others; he must be quarantined until cured * * * Effective cure must proceed in a series of coordinated steps. One is ineffective without the other. First, physical withdrawal of the drug * * *; second, physical rehabilitation * * *; third, psychotherapy * * *; fourth, occupational therapy * * *; fifth, aftercare and followup.

On still another point do we find expert opinion in unanimous agreement—provision must be made for mandatory treatment of the user or addict. It is not enough to make facilities available; both for his own good and for the protection of the public, the user of narcotics must be quarantined and compelled to submit to treatment or isolation. Both the initial treatment at the institution and the posteustodial program must be made mandatory and not left to the option of the addict.

Nineteen States have already recognized that the addict at large presents a threat to the general health and welfare of their people, and, in the exercise of their police power, have enacted legislation which permits compulsory commitment to institutions of all persons adjudged to be drug users or drug addicts.

The proceedings must not be made criminal in nature and the commitment, for want of a better term, does not assume the character of punishment for an illegal act. The aftercare, although in the nature of parole, must similarly be mandatory, even though in no sense criminal * * *

The necessity of teaching our youngsters the evils of drug addiction has long been recognized in our statutory law.

The present statute is archaic, both in its direction for the teaching of the subject of narcotics and the specification of the grades wherein it should be taught.

These matters should be made the responsibility of a central body, the State department of education. The State commissioner of education should be charged with the duty of formulating a program, with sufficient latitude provided for meeting the differing conditions in various parts of the State * * *.

A summary of the laws presently in force in the State shows provision has been made for both voluntary and involuntary commitment.

A law enacted in 1952 makes provision for involuntary commitment of adolescents or minors.

1. *Involuntary commitment (care, treatment, guidance, and rehabilitation) of adolescent drug users.*—In 1952 the legislature passed an act to amend the public health law, in relation to providing for the compulsory care, treatment, guidance, and rehabilitation of adolescent drug users (Laws 1952, ch. 8, adding sec. 439 a to the public health law).

Section 1 of the act states the declarations and findings of the legislature:

> The people of this State have a vital interest in the health and well-being of our youth. The use of narcotic drugs and the resulting addiction thereto presents a serious public health problem. It undermines the health and well-being of all of our citizenry and breeds crime. The user at large is a source of contamination and a menace to the entire community because he spreads addiction by encouraging others to become addicts. The menace of drug addiction recognizes no racial, economic, or social barriers. In order to protect the public against the ravages of drug addiction and to afford care, treatment, and rehabilitation of adolescent drug users, it becomes necessary to segregate the user from the community so that he may be treated, for so long as his illness remains and the possibility of contagion at his hands exists. Institutional and rehabilitative care and treatment cannot be fully effective on any but a compulsory basis, yet care must be taken that the adolescent be not treated as a criminal so long as he adheres to the program prescribed for his cure and rehabilitation. This health measure is accordingly enacted in the exercise of the police power to meet a critical condition which threatens the health, welfare, and safety of our citizenry.

Section 2 vests jurisdiction with magistrates in the city of New York and outside that city with a justice of the supreme court, a county judge, a special county judge and a judge of the children's court. "Adolescent drug user" is defined to mean—

> A person under 21 years of age who uses or has used any of the narcotic drugs defined * * * to such an extent that for his own welfare, or the welfare of others, or of the community, he requires care, treatment, guidance, or rehabilitation

A petition for commitment must be verified by a peace officer, duly licensed physician, parent, guardian, relative or friend. Provision is made for a hearing, and an appeal from any order of commitment. Commitment may be for a period of 3 years, and a patient may be again committed following the 3-year period even though over 21 years of age. Commitment is to the hospital maintained for treatment of adolescent drug users at North Brother Island, or at any other facility designated by the State commissioner of health. A determination made by a magistrate for commitment is not deemed a conviction nor shall such person be denominated a criminal (Laws 1952, ch. 8, sec. 2; being Consol. Laws. Ann. (McKinney's, Supp. 1952), public health law, sec. 439–a.)

2. *Involuntary commitment—adults.*—The judge of a court of record in the county or district where an alleged addict may be found may certify such person to a private institution. This applies to any person over the age of 18

> incapable or unfit to properly conduct himself or herself or his or her affairs, or is dangerous to himself or herself or others by reason of periodical, frequent or constant drunkenness, induced either by the use of alcoholic or other liquors, or of opium, morphine, or other narcotic or intoxicating or stupefying substance * * * in actual need of special care and treatment, and * * * his condition is such that his detention, care and treatment in such institution would be likely to effect a cure

There must be an application and "consent in writing of the physician in charge." Commitment may not be for longer than 1 year and may

be had only after a hearing and proofs produced. An appeal may be had to a justice of the supreme court and the writ of habeas corpus is available (Consol. Laws. Ann. (McKinney's 1951), mental hygiene law, sec. 201). See *People ex rel. Sherwood* v. *Buffalo* ((1926) 127 Misc. 299, 216, N. Y. Supp. 468), holding that to confer jurisdiction on a court to commit any person for using habit-forming drugs when such use at that time was not unlawful was a violation of constitutional article 1, sections 1, 6. Because of the doubtful consititutionality of these provisions, as well as other practical considerations, the law has not been utilized to apply to involuntary commitment of adult drug users. (It has generally been held to apply for the commitment of inebriated persons, however.)

Voluntary commitment.—A magistrate upon voluntary application to him of "any habitual user of any narcotic drug" may commit the addict to any hospital or charitable institution maintained in whole or in part by the State or any political subdivision. The hospital or institution must be willing to receive the addict. The patient may be detained. There is no provision as to number of days the addict is to be held, but the practice is usually 100 days. A trial court in a criminal action or proceeding may similarly commit a defendant but not exceeding 60 days (Consol. Laws Ann. (McKinney's 1943), public health law, sec. 439.) See *People ex rel. Wallace* v. *Ashworth* ((1944) 50 N. Y. Supp. 2d 724) for a description of the procedure followed by the courts in cases of voluntary admissions wherein a person committed is deemed duly convicted, sentenced, and his name entered in the arrest record, a procedure prohibited in case of the commitment of an adolescent under Laws 1952, chapter 8.

NORTH CAROLINA

This State has laws governing both involuntary and voluntary commitments of drug addicts to the State hospital at Raleigh for treatment and care.

Involuntary commitment.—Commitment of certain drug addicts may be had upon a jury trial before a county superior court. This law applies to inebriates, defined as:

> Any person who habitually, whether continuously or periodically, indulges in the use of intoxicating liquors, narcotics or drugs to such an extent as to stupefy his mind and to render him incompetent to transact ordinary business with safety to his estate, or who renders himself, by reason of the use of intoxicating liquors, narcotics or drugs, dangerous to person or property, or who, by the frequent use of liquor, narcotics or drugs renders himself cruel and intolerable to his family, or fails from such cause to provide his family with reasonable necessities of life, shall be deemed an inebriate: *Provided,* the habit of so indulging in such use is at the time of inquisition of at least one year's standing (Gen. Stat. (1950), secs. 35–1 to 35–29).

An appeal may be had. Commitment is made to the State hospital at Raleigh for treatment and care (ibid., sec. 35–2).

The clerk of the county superior court is given authority to commit alleged inebriates to the county jail or a place specifically designed for the care and treatment of such persons until a trial can be had to determine judically whether such person is an inebriate if the petition or affidavit states that the inebriate's condition is such as to endanger either himself or others. The clerk would probably have no authority to confine an addict unless these conditions were present (ibid., secs. 35–30 to 35–35.1).

Voluntary treatment.—Any "inebriate," including a drug addict, may voluntarily submit himself for care and treatment in the department of inebriates at the State hospital. He must signify in writing that he submits to the rules and regulations of the hospital and must make arrangements as to his expenses. He may secure his release after 30 days upon 10 days' notice, subject to discretion of the attending physicians concerning his condition (ibid., sec. 35–34).

NORTH DAKOTA

This State has a voluntary-treatment law authorizing the board of county commissioners upon application to send such drug addicts, as are included in the definition of "drunkard," to some institution for treatment at county expense.

The term "drunkard" is defined to mean—

> a person who uses alcoholic, spirituous, malt, fermented, or intoxicating liquors, morphia, laudanum, cocaine, opium, or other narcotics to such a degree as to deprive him of a reasonable degree of self-control (secs. 50–0501 to 50–0508, North Dakota Revised Code of 1943).

Provision is also made for appointment of a guardian (ibid., sec. 30–1002).

OHIO*

No statutory provisions govern the commitment or treatment of drug addicts.

OKLAHOMA*

Under an act originally enacted on March 8, 1895, and not since amended, provision is made for the voluntary treatment of such drug addicts as come within the definition of "drunkard." A "drunkard" is deemed to include—

> any person who has acquired the habit of using spirituous, malt, or fermented liquors, cocaine or other narcotics, to such an extent or degree as to deprive him of reasonable self-control.

Commitment and treatment at county expense may be had in such cases by petitioning the board of county commissioners ((1937) Stat. (1951), title 35, secs. 1–4).

OREGON

Whenever it appears to the district attorney that any person in his county is a drug user, he may file in the office of the clerk of the circuit court a statement in writing, setting forth that such person is a drug user. Upon filing of such a statement, the circuit-court judge shall order the alleged drug user to be brought before him for the purpose of an examination and a hearing, and the court shall appoint at least two competent physicians, one of whom may be the county health officer to examine the patient.

If necessary in the opinion of any one of the appointed physicians, the court may order the patient to be committed to a suitable hospital for a period not to exceed 5 days for the purpose of examining the patient. Each physician must file a written report of his examination, which is available to the patient and his counsel.

If the report of any one of the examining physicians finds that the patient is a drug user, or that he is unable to make a conclusive finding

because of patient's refusal to be examined, the court shall set a time for a hearing.

If the court finds that the patient is a drug user, it shall issue an order committing the patient to any State hospital having facilities for rehabilitation of drug users. Any person found to be a drug user under this act and committed for rehabilitation shall remain under the jurisdiction and control of the committing court until such time as the court enters an order discharging the patient from custody.

When the executive head of the hospital or other facility to which a patient is committed finds that the patient is no longer in need of rehabilitation or treatment or that the patient has received the maximum benefits, he shall give notice of such finding to the committing court, (ch. 573, Oregon Laws 1955, pp. 685–688).

PENNSYLVANIA

The Governor, on January 14, 1952, approved an act providing for treatment and cure in designated State institutions of persons habitually addicted to the use of opiates, and for their admission to and care therein and the payment of the cost thereof; and making an appropriation (Laws 1951, No. 507, being Stat. Ann. (Purdon's Supp. 1951), title 50, secs. 2061–2069).

The law authorizes both voluntary admissions and involuntary commitments and applies to minors as well as adults. The terms "addict" or "drug addict" are defined as—

a person who is or is thought to be so habitually addicted to the use of opiates as to be unable or unwilling to stop the use of such substances without help.

The terms—

shall not include any person who has been convicted on a criminal charge and whose period of sentence has not expired, nor any person acquitted of a crime on the grounds of insanity, nor any person charged with crime but not tried therefor or not convicted thereof.

Jurisdiction in involuntary cases is vested in the court of common pleas or other court of record or law judge thereof of the county in which the addict is or resides.

(*a*) Any drug addict may be admitted to a State institution for care upon compliance with any of the following methods of admission or commitment, to wit:

(1) On voluntary application by the addict, if an adult and if competent to make the application.

(2) If the addict is a minor, on application to a superintendent by at least two persons, who shall be the addict's parent or other responsible person, accompanied by a physician's certificate.

(3) By order of court for commitment for care or for observation, diagnosis and treatment of the addict, after petition by at least two persons, who shall be the addict's relative or other responsible person, which petition shall be accompanied by the certificate of two physicians, and after a hearing before such court, at which the addict or person thought to be an addict shall be present.

(*b*) Every admission or commitment shall be subject to the approval of the board of trustees of the particular institution.

A bond of $500 to secure payment of costs of expenses must be posted in cases of voluntary admissions and persons so admitted may not be detained longer than 10 days after application for release. An addict committed by a court is committed for a definite period not exceeding 2 years. The writ of habeas corpus is available to any

person detained under this act. In cases of commitment, unless otherwise ordered by the court the costs of care are imposed as follows:

Liability for all costs of care of any addict, except as otherwise ordered by a committing court, in an institution, is hereby imposed in the following order against:

(1) The addict's real and personal property.

(2) The persons liable for the addict's support, or, in the case of a temporary admission, if there be no such persons, the persons who apply for his admission.

(3) The county or institution district in which he resides.

(4) The Commonwealth.

Section 10 of Act No. 507, 1951, appropriated $45,000 to the State department of welfare for the 2 fiscal years 1951–52, 1952–53. Treatment or commitment under the act may be had to any State mental institution or State medical and surgical hospital maintained wholly by the Commonwealth, or the board of trustees of which is a departmental administrative board within the department (Laws 1951, Act No. 507, sec. 1.)

Under a revision of the mental health law effected by the Mental Health Act of 1951 the law relating to the detention and commitment of an "inebriate" applies to certain drug addicts. (Laws 1951, No. 141. See Stat. Ann. (Purdon's Supp. 1951) secs. 1072, 1201, *et seq.*)

RHODE ISLAND*

This State has a law governing both voluntary and involuntary commitment of drug addict for treatment (Gen. Laws (1938), ch. 273, secs. 3, 36–42.)

Voluntary commitment may be had upon application to the State division of narcotic drugs and pharmacies. The application must be signed by two physicians and commitment is by the division for a period of not less than 1 year in the State hospital for mental diseases. Upon release the patient is placed on probation for 1 year. Provision is made for release upon cure (ibid., ch. 273, sec. 42).

Involuntary commitment may be had upon written complaint to any justice or clerk of a district court—

That any person within the county is addicted to the use of drugs so as to be dangerous to the peace or safety of the people of the State, or so as to render his restraint and treatment necessary for his own welfare.

A warrant is issued and the addict is examined by the district court, and, if the complaint is true, the addict is committed either to the State hospital or to some other hospital approved by the State division of narcotic drugs and pharmacies (ibid., ch. 273, secs. 3, 36–41).

SOUTH CAROLINA*

No statutory provisions govern the commitment or treatment of drug addicts.

SOUTH DAKOTA*

No statutory provisions govern the commitment or treatment of drug addicts.

TENNESSEE

Under an act of May 1, 1909, a "drug habitue" may be committed to a private institution for treatment in accordance with the proceedings under the general laws relating to commitment of persons of

unsound mind to institutions for their detention for treatment (Laws 1909, ch. 488, sec. 18, being Code Ann. (Williams, 1941 ed.), sec. 4783; Tenn. Code Official (33–918).

The same act authorizes the commitment of drug addicts to licensed private hospitals or sanitariums, upon the filing of a petition therefor by a friend or relative of the addict, for a definite period or for such time as may be necessary to effect a cure. The act provides that the procedure to be followed in effecting such commitments shall be the same as that involved in making commitments of insane persons to State institutions, but special provisions have been included to the effect that the estate of an addict so committed shall be liable for the necessary charges for his maintenance and treatment. The act also provides that the institution may accept voluntary patients for treatment of drug addiction and that it may, in case of an emergency, receive and detain an addict for a period of not exceeding 3 days, pending the institution of proper judicial proceedings to affect commitment (ibid., secs. 19–26, being Code Ann. (Williams, 1941 ed.), secs. 4784–4791), Tenn. Code Official (33–919 et seq).

TEXAS

A law providing for the compulsory treatment of narcotic addicts was enacted in 1953. It consists of three integral parts: (1) the unlawful act, i. e. the habitual use of or addiction to narcotic drugs except usage resulting from a bona fide medical need; (2) punishment for a violation thereof, said offense being a felony punishable by confinement in the penitentiary for a period of not more than 3 years (as amended, Acts 1955, 54th Legislature, p. 1026, ch. 385, sec. 1); and (3) probation of that punishment in that the court may include among the conditions of probation that the probationer shall enter a hospital approved by the court and remain there until discharged by the medical authorities of such hospital as cured (as amended, Acts 1955, 54th Legislature, p. 1026, ch. 585, sec. 1).

The act as passed in 1953 was successfully attacked as being invalid in failing to define an offense in the case of *Ex Parte Levinson* (1955) (274 S. W. 2d 76). In the original act the offense was defined as a misdemeanor, and as a result the probationary features were inapplicable as probation under Texas law could be granted only in felony convictions. This defect was remedied by the amendatory acts of 1955 as cited above which now define the offense as a felony (art. 725c, Vernon's Ann. P. C.).

UTAH*

There is no statutory provision relating to treatment or commitment of drug addicts. Under section 76–62–1 of the Penal Code, Utah Code Annotated, 1953 edition:

> Every drug addict; is a vagrant, and is punishable by imprisonment in the county jail not exceeding 6 months and may be sentenced to hard labor in the discretion of the court.

A law enacted in 1927 authorizing the superintendent of the Utah State hospital to receive and detain drug addicts for care and treatment without the order of a judge was repealed in 1951 (Laws 1927, p. 49, being Code Ann. 1943, sec. 87–7–33, repealed by Laws 1951, ch. 113 (H. B. 192)).

72280—56——6

VERMONT

The State provides for both voluntary and involuntary commitment of drug addicts for special treatment (Stat. (1947), secs. 6709–6717; Laws 1951, No. 170, secs. 449–457).

The probate courts are vested with jurisdiction to commit for 6 months any person the court finds—

to be an habitual drunkard or dipsomaniac, or so far addicted to the intemperate use of narcotics, habit-forming stimulants or sedatives as to have lost the power of self-control.

Provision is made for an appeal; with no bond required. Application for commitment in such cases may be made by selectmen of the town or mayor of the city where the addict resides or may be found. Relatives of the addict may make application. Indigent addicts are cared for at town expense (ibid., secs. 6709–6712, 6714–6717).

Voluntary commitments may be arranged between the addict and an institution for not less than 1 month for alcoholics and not less than 4 months for narcotic addicts upon application to "any institution established by the laws of this State or operating under State regulation" (ibid., sec. 6713. See Laws 1951, No. 170, secs. 449–457).

VIRGINIA

This State has laws governing both voluntary and involuntary commitment of drug addicts for treatment at a private institution. Involuntary commitments may also be made to a State institution. In addition, the legislature has provided for establishment and operation of State farms for the detention and care of defective misdemeanants, including the drug addicts, the inebriates, the psychopathic personalities, the tubercular, the venereal, recidivists, and other persons mentally or physically defective who cannot be worked on the road force (Code (1950), secs. 37–154 to 37–175, 53–80).

Involuntary commitment to private institution.—An act originally enacted in 1903 permits the commitment of drug addicts to private institutions for medical treatment. Any relative, or, in the absence of relatives, any two friends may file a complaint with any justice of the peace or trial justice stating that the person "is an habitual drunkard, opium eater or person addicted to other drug habits and lost to self-control." A warrant is issued and the addict brought before the justice for examination accompanied by his physician or if he has none, then with some other physician. Friends of the addict are summoned. An examination in writing is had and if it appears that the condition of the addict is as alleged, and in the opinion of the justice treatment will restore his self-control, the justice may commit him to a private institution for treatment until the authorities of the institution are of the opinion it will be safe to allow him or her to go at large. Consent of the private institution must be had but a patient may not be detained longer than four months without his consent. An appeal may be had to the circuit court. The justice makes inquiry and a determination as to fitness of a particular private institution and the person committed has a right to appeal from the judgment of a justice in respect to the fitness of an institution (act of March 24, 1903, as amended, Laws 1950, p. 924, being code (1950; Suppl. 1952) secs. 37–157 to 37–175).

Voluntary commitment to private institution.—The authorities of any private hospital or sanitarium are authorized to receive and detain any "inebriate, opium eater or person addicted to other drug habits and lost to self-control" who may voluntarily enter such hospital or sanitarium as a patient, provided such person enters into a written agreement giving his consent to remain there for a certain agreed period of time (Code (1950), sec. 37–170).

Involuntary commitment to State institution.—Under an act originally passed March 20, 1916, and amended in 1950, drug habitues may be committed to the State hospital for the insane in the same manner and under the same process as is provided by law for commissions of insane persons. This law applies to—

> any person who through use of alcoholic liquors or habit-forming drugs, has become dangerous to the public or himself, and unable to care for himself or his property or family, and for either of these reasons has become a burden on the public.

Proceedings may be instituted upon complaint of any person, and commitment is until cured or restored to a normal condition. The patient may be discharged or paroled as the superintendent of the institution deems proper. Costs of $35 per month must be borne by the patient if financially able, exclusive of homestead, otherwise by the State. An amendment of 1950 permits a person committed to appoint a committee to take care of his property (Code (1950; Supp. 1952), secs. 37–154 to 37–156).

WASHINGTON

The present law for the apprehension, quarantine, and treatment of drug addicts was enacted in 1923 (R. C. W. (Revised Code of Washington), ch. 69.32).

The habitual use of narcotic drugs is declared to be unlawful, and officers of the State, county, or municipal health boards are authorized to make examinations of persons suspected of being habitual users of narcotic drugs and to require persons whom they suspect to be habitual users to report for treatment to approved physicians and continue treatment, at their own expense, until cured, or to submit to treatment, provided at public expense, until cured. The act also provides that such officers may isolate or quarantine habitual users of such narcotic drugs. Such officers are required to make written findings that such persons are habitual users of narcotic drugs, which reports shall be filed in their offices, but such habitual users shall not be isolated or quarantined until the State board of health shall first, by general regulation, determine that the quarantine or isolation of all habitual users is necessary. The inclusion of such a provision in the Narcotic Control Act is unusual, and it represents the only instance where the confinement of addicts is based on the quarantine laws.

Any person who has been convicted of being a habitual user of narcotic drugs, as well as any person who shall be confined in any State prison or jail and who may be suspected of being a narcotic addict, may be required to be treated therefor at public expense. The authorities of any State, county, or city prison are directed to make available to the health authorities such portion of their institution as may be necessary for a clinic or hospital, wherein all persons

who may be confined or imprisoned in such institutions and who are drug addicts may be isolated and treated at public expense until cured. In lieu of such isolation, such persons may, in the discretion of the health authorities, be required to report for treatment to licensed physicians. Licensed physicians treating narcotic addicts are required, upon beginning such treatment, to immediately report the same to the health officer in charge in that jurisdiction. The provisions of the act regarding the treatment of addicts confined in State institutions on charges of various crimes are rarely included in State narcotic control acts.

The State board of health is empowered to make all rules and regulations necessary to effect the treatment of addicts or the carrying out of the provisions of the act, and any person violating such rules or regulations is deemed to have committed a gross misdemeanor.

Any person committed to quarantine as an addict may appeal to the superior court for the county in which such person is quarantined. The person making such appeal is required to be held in quarantine during the pendency of such appeal, and the court is required to decide such appeal within 5 days after it has been filed. The prosecuting attorney of the county shall represent the health officer, and the addict is entitled to counsel. Any person held in quarantine, deeming himself cured, may make application for discharge to the health officer, upon which application findings in writing shall be made within 5 days therefrom. Upon denial of such application, the patient shall again have the right of appeal to the superior court, although such appeal shall not lie until after such person has been in quarantine for a period of at least 6 months. The State board of health is authorized to establish quarantine stations and clinics for the detention and treatment of persons found to be drug addicts and to establish such stations in connection with any county or city jail, or in any hospital or other public or private institution having, or which may be provided with, such necessary facilities as may be required by the board.

The term "narcotic addict" is defined to mean a person who habitually uses a narcotic drug or drugs as defined in the Uniform Narcotic Drug Act (R. C. W., ch. 69.33) adopted by the legislature in 1951.

WEST VIRGINIA*

No statutory provisions govern the commitment or treatment of drug addicts.

WISCONSIN*

This State has statutes governing both voluntary and involuntary commitment of drug addicts for treatment. Provision is made for treatment at State institutions, and, in counties of 500,000 population, at institutions maintained by the county on a State reimbursement basis (Stat. (1949) secs. 51.09, 161.02, Am. Laws 1951, chs. 379,605, 701). The 1951 amendments authorized the commitment of persons addicted to barbiturates (sec. 51.09, Am. by chs. 605 and 701) and made it unlawful to sell or prescribe narcotics unless authorized by law to minors and also made it unlawful to take or use narcotic drugs habitually (sec. 161.02, Am. by ch. 379).

Involuntary commitment.—Upon application of three reputable residents of a county that a resident of the county or person temporarily residing there is "addicted to the use of narcotic drugs or barbiturates

and in need of confinement or treatment" any judge of a court of record may fix a time and place for hearing the application and require the alleged addict to appear. The judge hears evidence summarily and may require notice to relatives. If the judge finds the allegations are true the addict may be committed to the county hospital or to Winnebago or Mendota State Hospital. Provision is made for payment by the patient, or if he is unable to do so, by the county. The provisions against detaining patients in jails do not apply to drug addicts except in case of acute illness. Commitment is for such period of time as the superintendent of the institution deems necessary to enable the patient to "take care of himself." After confinement for 6 months a patient may have a reexamination. Provision is made for private pay for patients and placement of a patient in a family boarding home (Stat. (1949), sec. 51.09–51.13, Am. Laws 1951, chs. 605, 701).

Voluntary commitments.—Any adult resident of this State who believes himself to be an inebriate or a drug addict may make a signed application to the presiding judge of a court of record of the county where he resides to be committed to a hospital. His application must be accompanied by the certificate of a resident physician of the county that confinement and treatment of the applicant are advisable for his health and for the public welfare. The judge may act summarily upon the application and may take testimony. If he finds that the applicant satisfies the conditions of this section, he shall commit him as he would had there been an application under subsection (1), including a finding as to legal settlement.

Selling narcotics to minors; Commitment and treatment of persons using narcotics unlawfully.—

(1) It shall be unlawful for any person to manufacture, possess, have control of, buy, sell, give away, prescribe, administer, dispense, or compound any narcotic drug, except as authorized in this chapter. Any person violating this section shall upon conviction be imprisoned in the State prison not more than 5 years nor less than one year or in the county jail not more than 1 year.

(2) Any person who shall sell, give, prescribe, administer, or dispense any narcotic drug, except as authorized in this chapter, to any person under the age of 21 years, shall, upon conviction, be imprisoned in the State prison not less than 3 years nor more than 10 years.

(3) No person shall take or use narcotic drugs habitually or excessively or except in pursuance to a prescription for permitted use as prescribed in this chapter. The unlawful possession of narcotic drugs by a person or of a hypodermic syringe or needle shall be prima facie evidence of the unlawful use of such drugs. Any person violating this paragraph shall upon conviction be imprisoned in the county jail not more than one year or shall be fined not to exceed $500: *Provided,* That the judge of the court wherein said person was convicted, may, in his discretion, if said person requires treatment, commit him to some appropriate institution under the control of the State department of public welfare for treatment not exceeding one year (Laws 1951, ch. 379, repealing and re-creating sec. 161.02, Stat. (1949)).

WYOMING

The law provides that persons suffering from drug addiction or drunkenness are excluded from those persons who can be committed to the State hospital upon request by a health officer. This provision, of course, does not mean that a person suffering from drug addiction or drunkenness cannot upon his own initiative make application to the State hospital. The law expressly provides that the superintendent of the State hospital may receive any person suitable for care and treatment who voluntarily makes written application therefor (Comp. Stats. 1945, secs. 51–402, 51–403).

PART VI

SUMMARY OF THE DEVELOPMENT OF INTERNATIONAL NARCOTICS CONTROL[3]

DEVELOPMENT OF INTERNATIONAL CONTROL

International measures to control the legal trade in narcotics and to combat the illicit traffic therein have been take progressively since the early years of the present century. Under the leadership of the United States, the first multipartite Conference on Narcotics, composed of governments having possessions in the Far East, met in Shanghai in 1909. Since then one of the most effective international control systems has been built up, step by step, from 1921 under the auspices of the League of Nations and since 1946 of the United Nations. It has consisted of a series of international conferences, each building on the conventions of its predecessor.

Approximately 90 states participate in the international control of narcotic drugs by being parties to at least 1 of the 8 multilateral narcotics treaties in force. The basic aim of these treaties is to prevent the misuse of narcotic drugs, i. e. use for gratifying addiction, and of the resulting damage to public health in particular and society in general. It is essential in this connection to prevent the diversion of narcotics from legitimate into illicit channels and to ensure that the effective operation of narcotics control in a given country is not impeded by lack of control or ineffective control in another country.

The international regime which has been set up to achieve these aims requires signatory powers to pass laws and to administer them in order to: (1) exercise control over the production and distribution of narcotic drugs for medical and scientific purposes; (2) maintain the necessary administrative machinery for licensing purposes; (3) keep complete records of all licensed transactions, and (4) report to appropriate international agencies on all actions.

Control of production and distribution of narcotic drugs

Under the existing control system, governments are obligated to limit the use of narcotics supplies to the approximate amounts needed for such purposes. Except in cases of government monopolies, persons engaged in the production and distribution of narcotic drugs must have a license. The manufacture of narcotic drugs may take place only on premises licensed for that purpose. Imports and exports are also subject to a licensing system, and export must not be permitted unless the government of the importing country certifies in advance its previous consent. Governments must establish annual advance estimates of their narcotic requirements. They allocate quotas to

[3] The information contained in this section is based primarily on the following 2 sources: S. Ex. Rept. No. 7, 83d Cong., 2d sess., International Opium Protocol, report of the Committee on Foreign Relations; and a statement submitted to the chairman of the Subcommittee on Improvements of the Federal Criminal Code on Illicit Narcotics Traffic, Committee on the Judiciary, U. S. Senate, by Mr. Gilbert E. Yates, Director of the Division of Narcotic Drugs, United Nations.

manufacturers and/or importers to regulate supplies, which must not exceed the estimates. Retail sale, dispensation, or administration of narcotic drugs is, in general, permitted only on medical prescription. Persons dealing in narcotics are required to maintain records of their transactions, which are inspected by government officials.

Fight against the illicit traffic

Governments are bound to take measures to suppress the illicit traffic in narcotic drugs. They must severely punish illicit traffickers, particularly by imprisonment, and render each other mutual assistance by exchange of relevant information and other appropriate means, in discovering and apprehending traffickers, and in preventing offenders from escaping prosecution and punishment because of lack of local criminal jurisdiction.

National control agencies

Each government must maintain a special administration for the application of the narcotics regime on the national plane, i. e. the control of the narcotics trade, the campaign against drug addiction, and the suppression of illicit traffic.

International accounting

An international reporting system is provided for. Governments must furnish to international control agencies annual reports on the working of the narcotics control system in their territories; annual advance estimates of their narcotics requirements; annual and quarterly statistical returns; reports of cases of illicit traffic; and texts of laws and regulations enacted to carry out the provisions of the narcotics treaties. The international agencies may make recommendations to governments and, if need be, criticize their actions. They have no supranational character, however, and, in general, they cannot adopt decisions which would be binding upon governments without their consent. These agencies exert their influence upon governments by advice and criticism, if necessary public, and by the resort to national and international public opinion which such criticism implies. The only other enforcement measure available to international agencies consists of certain permissible embargoes authorized under article 14 of the Limitation Convention of 1931. In essence, therefore, international control is the supervision of the efforts of national administrations. Close and friendly collaboration between agencies of national control and international control is necessary to achieve significant results.

The Shanghai Conference, 1909

On the initiative of the United States, and particularly of President Theodore Roosevelt who was alarmed by the prevalence of drug addiction in the Philippines, an International Opium Commission met at Shanghai in 1909. Representatives of 13 governments participated, but had no powers to sign an agreement. These countries were Austria-Hungary, China, Great Britain, France, Germany, Italy, Japan, the Netherlands, Persia, Portugal, Siam, Russia, and the United States. In a number of resolutions, which were unanimously adopted, the representatives of these countries recognized that—

(1) The use of opium in any form otherwise than for medical purposes is held by almost any participating country to be a matter of prohibition or for careful regulation;

(2) The unrestricted manufacture, sale, and distribution of morphine already constitute a great danger;

(3) Drastic measures should be taken by each government to institute a proper control over this drug and also of such other derivatives of opium as may appear on scientific enquiry to be liable to similar abuse and productive of like ill effects;

(4) It is the duty of all countries to adopt reasonable measures to prevent at ports of departure the shipments of opium, its alkaloids * * * to any country which prevents the entry;

(5) All governments possessing concessions or settlements in China, which had not yet taken effective action toward the closing of opium divans in the said concessions and settlements, ought to take this step as soon as they may deem it possible.

The United States delegation proposed that opium smoking be immediately prohibited, but the Conference was not willing to go further than the passing of a resolution recommending that—

each delegation concerned move its own Government to take measures for the gradual suppression of the practice of opium smoking in its territories and possessions, with due regard to the varying circumstances of each concerned.

The Hague Opium Convention of 1912

As a result principally of United States determination to formalize in a binding treaty the resolutions adopted at Shanghai, a Conference was called at The Hague on December 1, 1911. The delegates from the same States, with the exception of Austria-Hungary, met at this first International Convention on Narcotic Drugs. This convention covered the following subjects: Raw opium, prepared opium, manufactured drugs, and the special situation in China. It pledged the contracting powers to—

enact pharmacy laws or regulations to limit exclusively to medical and legitimate purposes the manufacture, sale and use of morphine, cocaine, and their respective salts;

to "use their best endeavors" to prevent export of the drugs except in conformity to the law of the importing country, to suppress gradually the manufacture, internal sale and use of prepared opium, to adopt licensing requirements for legitimate use, and to exchange information on licensed importers and exporters; to "examine the possibility" of penal legislation; and to provide statistics as to various aspects of the drug traffic. It was to fulfill its obligations under this convention that the United States enacted in 1914 its basic narcotic control act, the Harrison Narcotics Act.

The situation in China was dealt with in a separate chapter of the convention. Both China and the parties having territorial concessions in China undertook to prevent the smuggling of opium and its derivatives and also to wage a war against the habit of opium smoking, opium dens, and places of entertainment where opium was used.

While the Hague Convention incorporated the principles adopted at the Shanghai Conference and imposed an obligation on the parties "to use their best endeavors" to put these principles into effect it did not say anthing about how this control over production and distribution was to be effected. Its main defect was that it created no administrative machinery for the implementation of principles agreed upon. Only 11 countries had ratified the convention at the time of the outbreak of World War I. However, the peace treaties concluded

after World War I brought the Hague Convention automatically into force among the signatory powers. The general principles embodied in the Hague Convention have remained as the foundation of all narcotic-drug control.

League of Nations Advisory Committee

On December 15, 1920, the First Assembly of the League of Nations passed a resolution creating an Advisory Committee which was to—

> * * * exercise a general supervision over the traffic in opium and other dangerous drugs, and to secure the full cooperation of the various countries in this field.

Since its creation, the Advisory Committee, replaced by the Commission on Narcotic Drugs, has gradually enlarged its membership so as to become truly representative of all countries affected by the drug problem, and exerted continuing pressure on governments to impose strict internal regulation. One of the most important accomplishments of this group was the institution of a system of annual reports concerning consumption, production, manufacture, restrictive legislation and the illicit traffic. This important certificate system has now become one of the most effective weapons of narcotics control.

The Geneva Agreement on Opium in the Far East, 1925 (the United States not a party)

The League of Nations called a conference at Geneva in 1924, which was chiefly concerned with the problem of opium in the Far East, and a second conference at Geneva in 1925, to attempt to set up some kind of central administration.

At the First Opium Conference, an agreement was signed by which the contracting parties undertook that the importation, sale, and distribution of opium, other than retail trade (which should be conducted only by licensed persons) should be given to a government monopoly. The manufacture of opium was also to be made a government monopoly. A number of other restrictive and prohibitive measures were agreed upon, and the parties to the agreement undertook to promote propaganda to discourage the use of prepared opium in their respective territories. This agreement applied only to the Far Eastern possessions or territories of the contracting parties in which the use of opium was temporarily authorized.

The Geneva convention of 1925 (the United States not a party)

The Second Opium Conference formulated in 1925 and effective in 1928 sought to obtain "a more effective limitation on the production and manufacture" of the drugs, and to achieve "closer control and supervision of the international trade," and the signatory powers agreed to lighten their controls on persons and buildings engaged in the drug business. Unable to reach an agreement for the direct limitation of production of these drugs, the Conference concentrated its efforts on the control of trade and commerce. The most important results of the Conference were the creation of a Permanent Central Opium Board and the acceptance of compulsory arbitration for all disputes arising out of the convention which was finally agreed upon. Through a system of compulsory import certificates and export authorizations a strict check was made possible over the international trade in narcotic drugs. The Permanent Central Opium Board was created to supervise the statistical system inaugurated by the convention. The contracting parties agreed to furnish the Board with

annual statistics relative to production and manufacture, and the Board was given the right to ask for an explanation if it considered from the statistical information at its disposal that excessive amounts of any substance covered by the Geneva convention were accumulating in any country, or that the country was in danger of becoming a center of illicit trade. A significant achievement in the Geneva convention was the drawing of a clear-cut dividing line between the legitimate trade and the illicit traffic. A principal shortcoming of the convenvention, however, was its failure to provide a method of determining each country's and the world's total legitimate need of narcotic drugs, as well as to impose binding obligations to keep within those limits.

The United States delegation withdrew from the Conference when defeat appeared certain for proposals which we had submitted for direct limitation of quantities of drugs on the basis of estimated requirements, as well as for limitation of the production of raw opium and coca leaves to amounts required for medical and scientific needs.

Bangkok Agreement on Opium Smoking, 1931 (the United States not a party)

Although the Geneva convention of 1925 reduced the illicit traffic in opium, the problem remained acute in the Far East At the proposal of the British Government, an Opium Commission of Enquiry was appointed by the League of Nations to investigate the situation As a result of the Commission's report, a conference was called at Bangkok in 1931, with delegates from seven nations and an observer from the United States in attendance Little was accomplished at the Bangkok Conference except to reinforce the existing control system Eleven recommendations were adopted in the final act of the Conference, the most important of which was the one dealing with the limitation of the production of opium The Bangkok Conference again pointed out the difference between the position of the governments responsible for territories in which opium smoking was prevalent, and the position of the United States and the Chinese Governments, who advocated the outright prohibition of opium smoking The colonial powers maintained that it was impossible to destroy the demand for prepared opium as long as the producing countries were unable to restrict the supply so that none would be available for smuggling

Convention for limiting the manufacture and regulating the distribution of narcotic drugs, 1931.

While the Geneva convention of 1925, if strictly enforced, would have restricted the supply of manufactured drugs to the legitimate demands, it did not limit directly the quantities of drugs to be manufactured. Further control measures were considered necessary. The first plan proposed called for a direct limitation of the quantities of drugs to be manufactured, the share of each country to be allocated by a quota system. The quota system was rejected for various reasons and the system of limitation finally embodied in the limitation convention of 1931 is based upon estimates which each contracting party undertakes to provide. Noncontracting parties also were asked to furnish estimates of the quantities of drugs required by them during the ensuing year. These estimates, based solely on medical and scientific requirements, are examined and endorsed by a drug supervisory body set up under the convention, which body is also authorized to draw up an estimate for any country failing to furnish one.

Where estimates seem excessive the supervisory body may recommend their reduction. Explanations as to how computations are made may be furnished by the governments, and they may also furnish supplementary estimates. On the basis of the final estimates the supervisory body on December 15 of each year issues an annual statement of the world requirements of narcotic drugs. The estimates under the convention of 1931 are given for the total quantities necessary for consumption within the country. Each country was then bound not to exceed the estimates provision being made for emergency amendment, and not to ship drugs to countries that did exceed. This was an improvement over the estimates submitted under the convention of 1925, which related only to imports for medical, scientific, and certain other purposes and are not binding. Under the limitation convention of 1931, controls are applied to all stages between manufacture and the ultimate consumption of manufactured drugs. The Permanent Control Board was given authority to require explanations of countries exceeding their estimates, and to declare an embargo if such explanations were unsatisfactory.

The 1931 convention constituted an important milestone in international law, particularly in that a government not a party to it, and which had not furnished its estimates, might be prevented from importing drugs from a country which was a party, due to the embargo which could be issued by the Central Board. Such an embargo would be based on the amount of excess over the estimates for the nonparty state furnished by the Supervisory Body.

The Convention of 1936 for the Suppression of Illicit Traffic in Drugs (the United States not a party)

The problem of punishment for international criminals engaged in illicit narcotics traffic was dealt with in a convention signed in 1936, which stipulated that offenses defined therein were to be included as extraditable crimes in any extradition treaty to be negotiated between the contracting parties. The purpose of this convention was—

to strengthen the measures intended to penalize offences—

contained in the previous international instruments on narcotic drugs and—

to combat by the methods most effective in the present circumstances the illicit traffic in the drugs and substances covered by the conventions.

Experience had shown that illicit traffic could not be effectively suppressed unless there was a similar approach in the criminal law of all countries to offenses concerning narcotic drugs and unless there was effective cooperation between the police authorities of different countries in the pursuit and prosecution of offenders. Going a step further than the Geneva convention of 1925, the 1936 convention actually defined the offenses and the acts which give rise to the offenses. It further stipulated that offenses defined in the convention should be included as crimes in any extradition treaty to be negotiated between the contracting parties. For the purpose of implementing the provisions of the convention, the parties undertook to set up a central office to facilitate prevention and prosecution of offenses concerning narcotic drugs and to act as a point of contact with the authorities of other countries.

The United States refused to sign the 1936 convention on the ground that it covered trade in and distribution of manufactured drugs only,

and did not include raw materials or smoking opium; it would afford no constitutional basis for Federal control of the production of cannabis, opium, and the opium poppy; and, furthermore, while in some countries its enforcement might result in improvement in efforts to prevent the abuse of narcotic drugs, the provision of the convention would weaken rather than strengthen the effectiveness of the efforts of the American Government to prevent and punish narcotic offenses and to obtain extradition therefor.

The protocol of 1946, amending previous agreements, conventions, and protocols on narcotic drugs

The supervision of operation of the several narcotic conventions had been performed by the Opium Advisory Committee of the Council of the League of Nations, which went out of existence upon the organization of the United Nations. In February 1946, the Economic and Social Council established the Commission on Narcotic Drugs, and the United States Commissioner of Narcotics was appointed the United States representative on this Commission. He proposed an agreement which was adopted as the protocol of 1946, whereby all functions assigned under the several conventions to organs of the defunct League of Nations were transferred to corresponding organs of the United Nations.

Protocol for limiting the manufacture and regulating the distribution of synthetic drugs, 1948

The discovery of new synthetic drugs, accelerated during the war, created a new menace which could not be controlled under the existing international conventions. After discussion during its first two sessions in 1946 and 1947, the United Nations, through its Commission on Narcotic Drugs, the Economic and Social Council, and the General Assembly, drafted and approved a protocol bringing under international control drugs outside the scope of the convention of July 13, 1931, for limiting the manufacture and regulating the distribution of narcotic drugs, as amended by the protocol of December 11, 1946. The new protocol was opened for signature on November 19, 1948, when it was signed by the United States and 46 other states. Under the protocol, the World Health Organization determines whether a new drug is likely to be addiction-forming and should be placed under the control of the provision of the 1931 convention.

The protocol provides that any contracting party must inform the Secretary General of the United Nations of any drug not included under the terms of the 1931 convention which is or may be used for scientific or medical purposes and which, in the judgment of the state in question, is liable to the same kind of abuse and productive of the same kind of harmful effects as the drugs specified in the convention. The Secretary General is charged with transmitting these data to the other parties to the protocol, to the Commission on Narcotic Drugs, and to the World Health Organization. The latter organization must then determine if the particular drug is, in fact, capable of producing addiction or if it may be converted into an addiction-producing substance. If so, information to this effect is forwarded to the Secretary General, who in turn transmits it to all members of the United Nations, to the nonmember states parties to the protocol, to the Commission on Narcotic Drugs, and to the

Permanent Central Board. Upon receipt of this notification the states parties to the protocol must apply to the drug in question the appropriate regime laid down by the 1931 convention, as indicated by the World Health Organization.

The protocol also stipulates that the Commission on Narcotic Drugs may, on receipt of the original communication from the Secretary General, decide whether the drug should be put under provisional control, pending notification of the findings of the World Health Organization.

An important innovation in the control of narcotics was made in this protocol. Whereas previous conventions defined drugs falling under their terms by their chemical formulas or by the raw materials from which derived, the 1948 protocol may be applied to all drugs capable of producing a specific effect. It is thus possible to place under control new synthetic drugs as well as any addiction-forming drugs of any kind.

Protocol for limiting and regulating the cultivation of the poppy plant, the production of, international and wholesale trade in, and use of opium, 1953 (not yet in force; ratified by the United States)

One of the principal unsolved problems in the field of international control is limitation of the production of "natural" raw materials employed in the manufacture of narcotics. Efforts to control this phase of the narcotics problem led to the convening of the United Nations Opium Conference on May 11, 1953.

This Conference adopted a protocol for limiting and regulating the cultivation of the poppy plant, as well as the production, international and wholesale trade in, and use of opium. This protocol specifies that estimates of opium production and requirements, as well as opium statistics, shall be submitted to the Permanent Central Board, and that the Board and the Supervisory Body shall exercise control over opium throughout the world similar to that which they now exercise over manufactured drugs in accordance with the conventions of 1925 and 1931.

The more important provisions of the protocol are as follows:

(*a*) Raw opium, medicinal opium, and prepared opium are subject to the control measures of the protocol.

(*b*) The use of opium is limited exclusively to medical and scientific needs.

(*c*) States producing opium are obligated to establish government agencies to control the production, use, and trade in opium and limit the area to be cultivated.

(*d*) Parties producing poppy straw must enact laws ensuring that opium is not produced from such poppies.

(*e*) Exporters shall be Bulgaria, Greece, India, Iran, Turkey, the Union of Soviet Socialist Republics, and Yugoslavia. Imports are restricted to opium produced in these states.

(*f*) Stocks of opium held on December 31 of any year shall be limited in respect of producing, manufacturing, and consuming countries.

(*g*) Estimates of opium requirements shall be submitted to the Permanent Central Board, which assists in the control of the legitimate traffic in narcotics under the international conventions concerned with narcotic drugs.

(*h*) Statistics must be submitted to the Board on the area devoted to poppy cultivation, amounts consumed and manufactured, seized, etc.

(*i*) The Board is authorized to keep a close watch over the traffic in opium and to recommend or impose an import or export embargo on a party that is believed to be the center of illicit traffic. Provision is made for appeal from an embargo to a committee of three appointed by the president of the International Court of Justice.

(*j*) A party may permit use of opium for quasi-medical purposes but not beyond 15 years after the coming into effect of the protocol.

(*k*) A party may permit the smoking of opium by addicts not under 21, if registered for such purpose before September 30, 1953.

The coming into force of this protocol is dependent upon the ratification or accession of at least 25 states, including at least 3 of the producing states specified in the protocol and 3 of the manufacturing states named therein. The producing states specified (art. 6, sec. 2 (a)) are Bulgaria, Greece, India, Iran, Turkey, Union of Soviet Socialist Republics, and Yugoslavia. The manufacturing states specified in this protocol (art. 21, sec. 1 (a)) are Belgium, France, Germany (Federal Republic), Italy, Japan, Netherlands, Switzerland, United Kingdom, and the United States. The 15 states which have currently ratified the protocol are Australia, Canada, China (Nationalist), Cuba, Denmark, Ecuador, Egypt, France, India, Japan, Luxembourg, Pakistan, Philippines, and United States of America. Of these, only 1 is a producing state—India; and 3 are manufacturing states—France, Japan, and the United States.

Proposed codification of international narcotic legislation

Soon after the establishment of the United Nations it was suggested in the General Assembly that an attempt should be made to codify the international legislation on narcotic drugs developed over the previous 35 years. In August 1948, the Economic and Social Council requested the U. N. Secretary General to draft a single convention on narcotic drug control, to replace existing multilateral narcotics treaties. The draft convention prepared by the Secretariat was submitted to the Commission on Narcotic Drugs in March 1950, and is still under consideration by the Commission.

The object of the proposed unification is not only to combine the eight international agreements on the subject, but also to revise and strengthen these agreements where necessary, and simplify the international control machinery.

INTERNATIONAL CONTROL AGENCIES

There are at present four international agencies exclusively concerned with problems of narcotic drugs; the first three being United Nations agencies and the fourth an agency of the World Health Organization:

(*a*) The Commission on Narcotic Drugs;

(*b*) The Permanent Central Opium Board;

(*c*) Drug Supervisory Body;

(*d*) The Expert Committee on Drugs Liable to Produce Addiction of the World Health Organization.

The Commission on Narcotic Drugs

This Commission is one of the functional commissions of the Economic and Social Council of the United Nations. It took the place of the earlier Advisory Committee of the League of Nations on the Traffic in Opium and Other Dangerous Drugs. It is composed of 15 governments chosen by the Economic and Social Council, because they are the principal manufacturers of narcotic drugs, or are producers of opium, or are primary targets of the international illicit traffic. The present members are Canada, China, Egypt, France, Greece, India, Iran, Mexico, Peru, Poland, Turkey, the USSR, the United Kingdom, the United States of America, and Yugoslavia.

The Commission is the general policymaking and legislative organ of international narcotics control. Its functions are to—

(*a*) Assist the Council in exercising such powers of supervision over the application of international conventions and agreements dealing with narcotic drugs as may be assumed by or conferred on the Council;

(*b*) Carry out such functions entrusted to the League of Nations Advisory Committee on Traffic in Opium and other Dangerous Drugs by the international conventions on narcotic drugs as the Council may find necessary to assume and continue;

(*c*) Advise the Council on all matters pertaining to the control of narcotic drugs, and prepare such draft international conventions as may be necessary;

(*d*) Consider what changes may be required in the existing machinery for the international control of narcotic drugs and submit proposals thereon to the Council;

(*e*) Perform such other functions relating to narcotic drugs as the Council may direct.[4]

The Permanent Central Opium Board

The functions of the Permanent Central Opium Board and the Drug Supervisory Body are closely interlocked, and they work in close association. The eight members of the Board are at present appointed by the Economic and Social Council. They must be independent experts and must not receive or follow government instructions.

The Board receives the statistical returns of governments and examines them in order to see whether the estimates of drug requirements furnished by each government have been exceeded, and whether governments comply with their international obligations in respect of the control of the movement of drugs. The Board has a general responsibility to watch continuously the course of the international trade in narcotic substances for the purpose of establishing whether excessive quantities of narcotics are accumulating in any country or whether there is a danger of that country becoming a center of illicit traffic. The Board may consult with and make recommendations to the governments concerned, and in serious cases is empowered to recommend to all governments to cease exporting narcotics to the defaulting country. In view of these functions the Board is often referred to as a semijudicial or administrative organ of international narcotics control.

[4] United Nations. Economic and Social Council. Official Records. First year: First session. New York, 1946, p. 169.

The Drug Supervisory Body

This body is composed of 4 experts, 2 appointed by the World Health Organization, 1 by the Commission on Narcotic Drugs, and 1 by the Permanent Central Opium Board. The Supervisory Body reviews annually the advance estimates which each government furnishes of its narcotics requirements. It can ask governments for explanations and amend the estimates with the consent of the government concerned. The estimates as furnished or amended must not be exceeded by governments.

The WHO Expert Committee on Drugs Liable to Produce Addiction

This Committee is mainly concerned with the medical aspects of drug addiction. It evaluates also the dangerous properties of new drugs with a view to determining whether they should be placed under international control.

The WHO (as formerly the Health Committee of the League of Nations) is authorized—

1. To exempt certain preparations, that cannot give rise to drug addiction on account of the medicaments with which their narcotic components are compounded, and which, in practice, preclude the recovery of the narcotic substances, from the application of the 1925 convention;
2. To recommend to the parties to the 1925 convention to place additional narcotic drugs under the control provisions of the convention; and
3. To decide whether any phenanthrene alkaloid of opium or any ecgonine alkaloids of the coca leaf, which were not in use on July 13, 1931, are capable of producing addiction or convertible into a drug capable of producing addiction.

In addition, the World Health Organization was designated by the 1948 protocol to decide whether a drug, outside the scope of the 1931 convention, is capable of producing addiction, or of conversion into a product capable of producing addiction, and, therefore whether this drug should be placed under the regime laid down in the 1931 convention.

Secretarial services of the special organs of international narcotics control

The Commission on Narcotic Drugs is served by the Division of Narcotic Drugs of the United Nations Secretariat, which also performs for the principal agencies of the United Nations concerned, namely the Economic and Social Council and the General Assembly, the administrative and secretarial work necessary in the field of narcotic drugs. The Division is composed of the Office of the Director and two Sections, one dealing with the implementation of existing narcotic treaties and the other with planning new measures, including drafting new treaties if necessary, scientific research and publication of a quarterly Narcotics Bulletin. The Drug Supervisory Body and the Permanent Central Opium Board are served by a separate joint Secretariat nominated by the Board and appointed by the Secretary General of the United Nations. The Expert Committee on Drugs Liable to Produce Addiction is served by a section of the World Health Organization Secretariat.

Other agencies of the United Nations and specialized agencies concerned with problems of narcotics control

Following the League of Nations, which by express provisions of its covenant (art. 23 (c)) was charged with functions in the field of narcotic drugs, the United Nations counts among its social functions the fight against drug addiction, although its charter does not make an express reference to it.[5] The General Assembly, the Trusteeship Council, the Economic and Social Council, and the Secretariat of the United Nations thus deal with problems of narcotic drugs at some of their sessions, the Economic and Social Council in particular receiving annual reports from the Commission on Narcotic Drugs and from the Permanent Central Opium Board.

On occasion also units of other organizations, the World Health Assembly, the Executive Board of the World Health Organization, the Executive and Liaison Committee of the Universal Postal Union, and the Universal Postal Congress, deal with narcotics problems from aspects which particularly concern them.

[5] Fifth report of the Drafting Committee of Committee II/3 of the San Francisco United Nations Conference, WD 40 II/3/A/5, May 26, 1945; statements of the United States, Canadian, Chinese, and Indian representatives in Committee II/3; verbatim minutes of the 19th meeting, June 4, 1945.

PART VII

SUMMARY OF BILLS RELATING TO NARCOTICS INTRODUCED IN 1ST SESSION 84TH CONGRESS

SENATE BILLS AND RESOLUTION

Senate Joint Resolution 19—Mr. Payne and others; January 14, 1955 (Committee on the Judiciary)

Narcotics Control Act of 1955 transfers to the Attorney General all of the functions of the Bureau of Narcotics and all such related functions now held by the Secretary of the Treasury. Gives certain officers of the Bureau of Narcotics the power to carry firearms, execute and serve warrants and arrest warrants, serve subpenas and summonses issued under the authority of the United States, and make arrest without warrants for violations of any law of the United States relating to narcotic drugs or marihuana where the violation is committed in the presence of the person making the arrest or where such person has reasonable grounds to believe that the person arrested has committed or is committing such violation.

Directs the Secretary of Health, Education, and Welfare to establish in the Public Health Service a Division of Narcotic Clinics for the treatment of addicts and to (1) establish and maintain hospitals, farms, etc., for such treatment; (2) assist States, and private institutions to establish such hospitals, farms, etc.; (3) train and educate personnel for States and institutions for the cure and rehabilitation of addicts; (4) utilize facilities of the United States in placing discharged addicts in employment, etc.; and (5) cooperate with, advise, consult with, and encourage the organization of associations, public and private, engaged in work with drug addiction.

Authorizes the Surgeon General to admit for care and treatment addicts committed by a court of competent jurisdiction of a State or by the United States District Court of the District of Columbia if suitable accommodations are available after all eligible addicts convicted of offenses against the United States have been admitted. Provides discharge procedures for such patients and in some cases for payments of such cost by States for the treatment of patients. Increases penalties for violation of narcotic statutes by increasing the fine for the first offense to $3,000 (now $2,000) and the imprisonment term to 10 years (now 5), and the fine for the second offense to $5,000 (now $2,000) and the imprisonment term to 20 years (now 10), and for a third or subsequent offense the penalty is imprisonment for life (now $2,000 and imprisonment for 20 years). Sets the penalty for the sale of major narcotics to minors at 20 years imprisonment for the first offense and death for the second offense unless the jury qualifies its verdict, in which event a term of life imprisonment.

Sets the penalty for the sale of marihuana to a minor at 10 years imprisonment for the first offense and 20 years for the second.

Encourages the establishment in teachers' colleges of courses to instruct teachers in the causes and effects of narcotic addiction, so that they may be better prepared, as teachers, to minimize or prevent narcotic addiction among their students, by authorizing necessary grants to aid such colleges.

Authorizes necessary appropriations.

S. 1043—Mr. Daniel and others; February 11, 1955 (Committee on the Judiciary)

Adds a new chapter to the United States Criminal Code entitled "Narcotics" which (1) provides penalties for the importation and transportation of narcotics making the third offense imprisonment for life; (2) provides penalties for narcotic tax violations making the third offense imprisonment for life; (3) provides penalties for the sale of narcotics to minors making the penalty for the second and subsequent offenses imprisonment for 20 years; and (4) gives additional authority to the Bureau of Narcotics personnel relating to arrest, summonses, carrying of firearms, etc. Penalties specified are:

Violation	1st offense	2d offense	3d and subsequent offense
Importation or narcotic tax violation.	Up to $3,000 and 5–10 years.	Up to $5,000 and 10–20 years; denial of probation or suspension of sentence.	Life imprisonment; denial of probation or suspension of sentence.
Sale of narcotics (other than marihuana) to minors.	20 years; denial of probation or suspension of sentence.	Death unless jury qualifies verdict to life imprisonment.	
Sale of marihuana to minors.	10 years	20 years	

S. 2307—Mr. Langer; June 24, 1955 (Committee on the Judiciary)

Adds a new chapter to the United States Criminal Code entitled "Narcotics" which (1) provides penalties for the importation and transportation of narcotics making the third offense imprisonment for life; (2) providing penalties for narcotic tax violations making the third offense imprisonment for life; and (3) providing penalties for the sale of narcotics to minors making the penalty for the second offense imprisonment for 40 years and third offense imprisonment for life. Penalties specified are:

Violation	1st offense	2d offense	3d and subsequent offense
Importation	$10,000 and 5–10 years	$20,000 and 10–20 years	Life imprisonment.
Sale of narcotics or marihuana to minors.	$10,000 and 20 years	$20,000 and 40 years	Do.
Narcotic tax violations	$3,000 and 5–10 years	$5,000 and 10–20 years	Do.
		Denial of suspension or probation of sentence for 2d and subsequent offenses.	

HOUSE BILLS AND RESOLUTIONS

The following bills and resolutions introduced in the House of Representatives are the same as Senate Joint Resolution 19:

H. R. 4016.—Mr. Young; February 14, 1955 (Ways and Means Committee)

House Joint Resolution 141.—Mr. Wilson of California; January 17, 1955, (Ways and Means Committee)

House Joint Resolution 147.—Mrs. Church; January 20, 1955, (Ways and Means Committee)

House Joint Resolution 149.—Mr. Hosmer; January 20, 1955, (Ways and Means Committee)

House Joint Resolution 155.—Mr. Utt; January 20, 1955, (Ways and Means Committee)

House Joint Resolution 188.—Mr. McVey; February 2, 1955. (Ways and Means Committee)

House Joint Resolution 197.—Mr. Hiestand; February 7, 1955, (Ways and Means Committee)

House Joint Resolution 225.—Mr. Davidson; February 18, 1955, (Ways and Means Committee)

H. J. Res. 168—Mr. Hosmer; January 25, 1955
(Committee on the Judiciary)

Prohibits a minor from leaving the United States by way of the Mexican border, unless he is accompanied by his parent or guardian or demonstrates that he is a resident of another country, in order to prevent the acquisition and use of narcotic drugs by minors.

H. R. 99—Mr. Edmondson; January 5, 1955
(Committee on Ways and Means)

Provides for increased criminal penalties for (1) importation or exportation of narcotics; (2) unlawful production and distributon of opium; (3) unlawful possession on board United States vessels on foreign voyage; and (4) narcotic tax violations in general, as follows:

1st offense	Up to $5,000 and not more than 10 years' imprisonment.
2d offense	Up to $10,000 and not more than 15 years' imprisonment.
3d or subsequent offense	Up to $15,000 and not more than 20 years' imprisonment.

Provides also for an increase in penalty for violation of tax provisions relating to manufacture of smoking opium to "imprisonment for not less than 10 years" (fine of not less than $10,000 remains unchanged).

H. R. 130—Mr. McVey; January 5, 1955 (Committee on Ways and Means)

Provides for increased criminal penalties for violations of narcotic importation and tax laws (fine of $2,000 remains unchanged), as follows:

1st offense	10 to 15 years.
2d offense	15 to 20 years.
3d offense	Life imprisonment.

H. R. 388—Mr. Powell; January 5, 1955 (Committee on Ways and Means)

Provides that anyone who sells or facilitates the sale of any narcotic drug to a person under 17 shall be imprisoned for not less than 20 years or for life (amending U. S. C. 21: 174, 200, 200a).

H. R. 817 Mr. King; January 5, 1955 (Committee on Ways and Means)

Provides for increased criminal penalties for violation of certain narcotic laws. Illegal importing, or receiving, concealing, buying, or facilitating the transportation or concealment of imported narcotics carries increased fines, as follows (prison sentences in the case of these violations remain unchanged):

1st offense	$2, 000
2d offense	$5, 000
3d and subsequent offense	$10, 000

Sale or conspiracy to sell imported narcotics carries increased penalties, as follows:

1st offense	$5,000 and 5 years.
2d offense	$5,000 and 5 to 10 years.
3d and subsequent offense	$10,000 and 10 to 20 years.

Suspension or probation of sentence in any case where the minimum sentence is 5 years.

H. R. 818—Mr. King of California; January 5, 1955 (Committee on Ways and Means)

Empowers the Commissioner of Narcotics to summon any person to produce books, papers, and records incident to the enforcement of the narcotic drugs laws under penalty of citation for contempt.

H. R. 819—Mr. King of California; January 5, 1955 (Committee on the Judiciary)

Empowers Bureau of Narcotics agents to carry firearms, execute and serve search and arrest warrants, serve subpenas and summonses, arrest without a warrant where narcotic law violation is committed in the presence of the person making the arrest or where the person has reasonable grounds to believe that the person to be arrested has or is committing the violation (amending U. S. C. 18, ch. 203).

H. R. 1766—Mr. Boggs; January 10, 1955 (Committee on Ways and Means)

Corrects an inadvertent error made in the Internal Revenue Code enacted last year, with respect to penalties for certain narcotic law offenses (amending Internal Revenue Code of 1954, sec. 7237).

H. R. 1863—Mr. Younger; January 10, 1955 (Committee on the Judiciary)

Provides that any person who sells or in any manner facilitates the sale of narcotic drugs to any person under 21 years of age shall suffer the death penalty or shall be imprisoned for life.

H. R. 2369—Mr. Cooper; January 17, 1955 (Committee on Ways and Means). Approved January 20, 1955 (Public Law 1)

Corrects an inadvertent error made in the Internal Revenue Code enacted last year, with respect to penalties for certain narcotic law offenses (amending Internal Revenue Code of 1954, sec. 7237).

H. R. 3398—Mr. Boggs; February 2, 1955 (Committee on Ways and Means)

Penalizes persons convicted of the illegal sale, barter, exchange, giving away, or transfer of narcotic drugs or marihuana in violation of certain provisions of the Internal Revenue Code by a maximum $2,000 fine and between 5 and 10 years imprisonment for the first offense, and $2,000 fine and between 10 and 20 years imprisonment for the second or subsequent offense. Prohibits suspended sentence or probation for such convictions. Penalizes the conspiracy to sell narcotics unlawfully imported by a maximum $2,000 fine and 5 years' imprisonment, and increase the fine for a second offense for the sale or conspiracy to sell such narcotics to $5,000 (now $2,000), and to $10,000 (now $2,000) for a third offense.

Empowers Bureau of Narcotics agents to carry firearms, execute and serve search and arrest warrants, serve subpenas and summonses, arrest without a warrant where narcotic law violation is committed in the presence of the person making the arrest or where the person has reasonable grounds to believe that the person to be arrested has or is committing the violation (amending U. S. C. 18, ch. 203; 21:174; Public Law 591, 83d Cong.).

H. R. 4017.—Mr. Gubser; February 14, 1955 (Committee on Education and Labor)

Authorizes Commissioner of Education to enter into contracts or cooperative arrangements with universities, colleges, and State educational departments for research, surveys, demonstrations into all aspects of the narcotic addiction problem in order to determine the best methods of educating students who are preparing to be teachers with reference to prevention of narcotic addiction.

H. R. 4174—Mr. Gubser; February 17, 1955 (Committee on Education and Labor)

Provides Federal aid for grants to eligible teachers' colleges to pay, in whole or in part, the compensation of instructors teaching courses in the causes and effects of narcotic addiction.

H. R. 4978—Mrs. Bolton; March 16, 1955 (Committee on Ways and Means)

Provides for increased criminal penalties for the violation of narcotic laws, as follows:

1st offense	5 to 10 years.
2d offense	10 to 20 years.
3d offense	Life imprisonment.
Sale to minors	Do.

H. R. 6921—Mr. Latham; June 20, 1955 (Committee on the Judiciary)

Provides that any person who sells or in any manner facilitates the sale of narcotic drugs which has been transported in interstate commerce to any person under 21 years of age shall suffer the death penalty.

H. R. 7018—Mr. King of California; June 27, 1955 (Committee on Ways and Means)

Authorizes the Secretary of the Treasury to subpena witnesses, take evidence, and so forth, in any investigation which is necessary and proper in his opinion to the enforcement of the narcotic laws.

PART VIII

GENERAL RECOMMENDATIONS PROPOSED BY THE SUBCOMMITTEE ON IMPROVEMENTS IN THE FEDERAL CRIMINAL CODE OF THE COMMITTEE ON THE JUDICIARY, U. S. SENATE, 84TH CONGRESS, 2D SESSION

By Senate Resolution 67, adopted March 18, 1955, the Senate authorized the first nationwide investigation of the illicit narcotics traffic, including foreign sources, narcotic smuggling operations, drug addiction, treatment of drug addicts, and related matters.

The aim of the inquiry was to find—

ways and means of improving the Federal Criminal Code and other laws and enforcement procedures dealing with the possession, sale, and transportation of narcotics, marihuana, and similar drugs.

The task was assigned by the chairman of the Senate Judiciary Committee, Mr. Kilgore, to the Subcommittee on Improvements in the Federal Criminal Code, of which the junior Senator from Texas, Mr. Daniel, is chairman. Other members of the subcommittee are the Senator from Wyoming, Mr. O'Mahoney; the Senator from Mississippi, Mr. Eastland; the Senator from Idaho, Mr. Welker; and the Senator from Maryland, Mr. Butler.

The following general recommendations and specific legislative proposals are based on the subcommittee's extensive hearings in Washington, Philadelphia, New York, Austin, Fort Worth, Dallas, Los Angeles, San Francisco, Chicago, Detroit, and Cleveland. Special hearings, lasting 3 days were held in New York devoted exclusively to the causes, treatment, and rehabilitation of drug addicts. In addition, the subcommittee examined the Mexican-border situation in hearings held in San Antonio and Houston.

GENERAL RECOMMENDATIONS

INTERNATIONAL CONTROLS

1. That the Senate adopt a joint resolution urging all nations to ratify at the earliest possible time the 1953 protocol which would limit the cultivation of the poppy plant, the production of, international and wholesale trade in, and the use of opium to the medical and scientific needs of the world. Further, that the United Nations be urged to expedite the final drafting of the proposed single convention which would modernize, codify, and replace existing conventions and protocols on narcotics.

2. That the Senate adopt a joint resolution urging all nations which have not previously outlawed heroin (Albania, Bahrein, Belgium, France, Great Britain, Hungary, Italy, and Paraguay) to do so at the earliest possible time.

3. That the Senate adopt a joint resolution urging the United Nations Laboratory, which tests samples of the opium seized in the

illicit narcotics traffic, to report the results of those tests not only to the determined country of origin and to the country in which the drugs were seized, but also to the Commission on Narcotic Drugs of the United Nations.

4. That the Senate adopt a joint resolution urging that the Division of Narcotic Drugs of the United Nations, recently moved to Geneva, Switzerland, be relocated at the United Nations Headquarters in New York, where the full force of wide public opinion can be brought to bear in the fight against the illicit narcotic traffic.

5. That high-level conferences be initiated between officials of the United States and Mexico for the purpose of negotiating a treaty of cooperation and exchange of personnel for a mutual fight against the drug traffic across our common border, including provisions for extradition of narcotic violators and fugitives.

6. That increased personnel be assigned to work with narcotic agents of other countries in a cooperative effort to stop at the source illicit drug shipments intended for the United States.

INCREASED PENALTIES

7. That minimum and maximum penalties be increased for all violations of the narcotics laws, with greatly increased penalties for sales to juveniles.

8. That heroin, the most deadly of all narcotic drugs, which is used by 80 percent of all drug addicts in the United States, be completely outlawed. Federal laws should deal with heroin offenses not only as tax law violations but as criminal acts injurious to the peace, health, and welfare of the Nation.

9. That smuggling of heroin into this country and sales be punishable by penalties ranging from a minimum of 5 years in the penitentiary to a maximum of death (when the death penalty is recommended by a jury).

Heroin smugglers and peddlers are selling murder and robbery, and should be dealt with accordingly. Their offense is human destruction as surely as that of the murderer. In truth and in fact, it is "murder on the installment plan," leading not only to the final loss of one life but to others who acquire this contagious infection through association with the original victim.

The death penalty recommendation in this case would be a maximum—not a mandatory sentence. It would be available for extreme cases, such as the man who started 40 high-school students on heroin in San Antonio, Tex. It would put greater fear in all persons who might otherwise think of smuggling this drug into our country or selling it to our children.

10. That offenses involving the smuggling of illicit narcotic drugs and marihuana be punishable under specific laws rather than the general smuggling statutes, in order that the higher penalties might apply, and in order that the cases might be counted among prior narcotic and marihuana convictions.

ENFORCEMENT PROCEDURES

11. That a chapter be added to the Federal Criminal Code providing for—

(*a*) More liberal search and seizure provisions in narcotic cases, e. g., the elimination of the element of "positiveness" in securing

night search warrants in narcotics cases as presently required by rule 41 (c) of the Federal Rules of Criminal Procedure; warrants to be issued on probable cause to be served at any time of the day or night; and the right of appeal by the Government from Federal court decisions granting motions to suppress evidence in narcotic cases.

(*b*) Interception and admissibility of telephone communications in narcotics cases, with due safeguards, including the requirement of a sealed court order permitting such action.

The big time traffickers in illicit narcotics are seldom caught and convicted, because they avoid all direct contact with the peddlers and ultimate buyers. Their operations are almost wholly limited to the telephone. Federal agents are not permitted to intercept and divulge their communications and to use such evidence in court. As a consequence, the United States Government is unwittingly giving narcotics violators, especially the larger racketeers and wholesalers, a great advantage over Federal law enforcement officers in their effort to stamp out the illicit narcotics traffic.

(*c*) Stricter provisions for granting bond in narcotic cases and speedier trials. All over the country the subcommittee heard evidence that narcotic violators intensify their sales after arrest and while out on bond. One witness became the biggest marihuana wholesaler in New York while out on bond during the 2 years between conviction and the disposal of his appeal.

(*d*) Statutory authority for Federal narcotics agents to carry firearms, execute and serve search and arrest warrants, serve subpenas, and make arrests without warrants for narcotics law violations occurring or observed in their presence.

(*e*) Mandatory reports from all Federal officers and agencies to the Bureau of Narcotics of all narcotic addicts and violators who come to their attention, with pictures and fingerprints, in order that the Bureau may increase and complete its present record system and serve as a clearinghouse for information concerning such persons; further providing that this information shall be available for law-enforcement purposes to State and local officials of all States which require their officers and agencies to report such addicts and violators to the Bureau of Narcotics.

It is vitally important that the names, addresses, pictures, fingerprints, and records of all known narcotic addicts and violators be assembled in one central agency. A splendid effort is being made in this direction through a voluntary system of reports set up by Commissioner Harry J. Anslinger in cooperation with State and local officials, but the Bureau has no authority to require these reports and has not been given the authority, funds, or personnel necessary to expand and complete this vital record system.

12. That all narcotic addicts (except those using medically-prescribed drugs due to illness) be required to register with the Secretary of the Treasury.

13. That narcotic addicts and convicted narcotic-law violators (other than aliens, who are deportable) be prohibited from leaving the continental limits of the United States except under special registration procedures to be established by the Secretary of the Treasury. Failure to register will be punishable by a fine and imprisonment.

INCREASED PERSONNEL AND OPERATING FUNDS

14. Appropriation for at least 50 additional agents for the Federal Bureau of Narcotics should be provided at the earliest possible time, with ultimate addition of another 50 agents to bring the total to not less than 350 agents.

The Federal Bureau of Narcotics, under the able direction of Commissioner Harry J. Anslinger, has done a splendid job in holding the narcotics traffic to its present level, considering its limited personnel and operating funds. The Bureau is one of the few Federal agencies whose personnel and funds have not been increased to meet the growing needs of our times.

Over a 25-year period a force of approximately 227 agents with an average annual expenditure of less than $2 million has enforced the narcotic laws of this country. This is entirely inadequate today, as evidenced by the fact that New York City alone has more full-time narcotic agents than the United States Government. Constant limitation of operating funds has seriously curtailed the activities of these agents in undercover investigations. The present force of 250 agents is 25 agents short of the number authorized by the Congress because of the inadequacy of its budget and appropriations, and at least 50 additional agents should be provided at the earliest possible moment.

TREATMENT AND REHABILITATION

15. That voluntary commitments to the Federal narcotics hospitals be abolished and that all admissions be processed through the appropriate district court of the United States for civil type commitment requiring a mandatory period of treatment, or by State court commitments under the conditions hereinafter outlined.

16. That the Surgeon General be authorized to accept addicts committed by a State on a reimbursable basis under State court orders requiring a mandatory period of treatment.

17. That each State be assigned a quota of addict-patients which may be committed to Federal narcotics hospitals at any one time, therefore assuring that each State has fair and equal opportunity to avail itself of the limited facilities. In those few States where the number of addicts requiring treatment exceeds the established quota of patients at Lexington and Fort Worth, such States should assume the responsibility of establishing their own special hospital facilities for the treatment of drug addiction.

18. That States desiring to participate in the commitment program, in order to become eligible, must have satisfied the Surgeon General that suitable follow-through, or post-hospitalization facilities have been established to aid and assist the drug addict upon his discharge from the Federal narcotics hospital and to determine any relapse to addiction. That the USPHS continue to provide technical and advisory assistance to States and local communities in developing followup programs.

19. That, for a successful follow-through program, commitment orders for drug addicts should provide for at least a 3-year probation status upon release from Federal hospitals, including mandatory provisions for regular reporting, and physical examinations and for recommitment upon relapse without the institution of new proceedings.

20. That no drug addict be treated at Federal narcotics hospitals on more than three occasions, after which, if found to have relapsed again to the use of drugs, he should be subject to State or Federal proceedings designating him as an habitual narcotic addict and committing him to an indeterminate quarantine-type of confinement at a suitable narcotics farm which, it is recommended, be established with joint Federal-State planning and financing, such arrangement to include either:

a. individual States, or

b. a group of States entering into a compact for such purpose.

21. That the Public Health Service Act be amended to authorize the divulgence of information relating to narcotic addicts to appropriate Federal and State authorities in charge of treatment and rehabilitation programs and to the Federal Bureau of Narcotics.

22. That the Surgeon General continue and expand, where needed, the existing Federal research program into the causes, treatment, and rehabilitation of drug addicts, and that annual reports on the progress of such research be made to the appropriate committees of the Congress.

It should be noted that these recommendations for treatment and rehabilitation are not intended as a substitute for criminal confinement and punishment of those addicts who are convicted of law violations. They should pay their debt to society the same as nonaddicts, and proper law enforcement and confinement in such instances will do much toward minimizing the narcotics traffic and addiction in the United States.

DISTRICT OF COLUMBIA

23. That chapter 6 of title 24 of the District of Columbia Code, known as the "addict law," be revised and strengthened to insure the apprehension and prompt civil commitment of drug addicts (other than those using medically prescribed drugs) who show promise of benefiting from hospitalization and rehabilitation programs.

24. That all drug addicts (other than those using medically prescribed drugs) in the District of Columbia be subject to arrest and prosecution as vagrants under the criminal law, with punishment of a fine up to $500 or imprisonment up to 1 year, or both.

25. That the Uniform Narcotic Drug Act be amended—

(*a*) To eliminate the requirement of "positivity" in obtaining night search warrants.

(*b*) To authorize arrests without a warrant, as in the case of a felony, on probable cause that a person is violating a misdemeanor provision of the drug act at the time of his arrest.

(*c*) To include synthetic drugs in the provisions of the act.

(*d*) To specify certain procedures for the disposition of narcotic drugs and marihuana when seized by the police.

26. That a new Dangerous Drugs Act be enacted to provide adequate control of barbiturates, amphetamines, and other dangerous drugs. This would make possession of these dangerous drugs (without a prescription) a punishable offense. Pharmacists would be required to keep records of his purchases and sales of these drugs. Arrests without a warrant would be permitted upon probable cause, as in the case of a felony, that a person was violating the act at the time of his arrest. Violations of the provisions of the act would be

punishable by a fine of not less than $100 nor more than $1,000, or imprisonment up to 1 year, or both, for a first offense. A second offense would be punishable by a fine of not less than $500 nor more than $5,000 or imprisonment up to 10 years, or both.

27. That the District of Columbia be authorized to commit up to 100 patients at any one time to the Federal narcotics hospitals, on a reimbursable basis.

○